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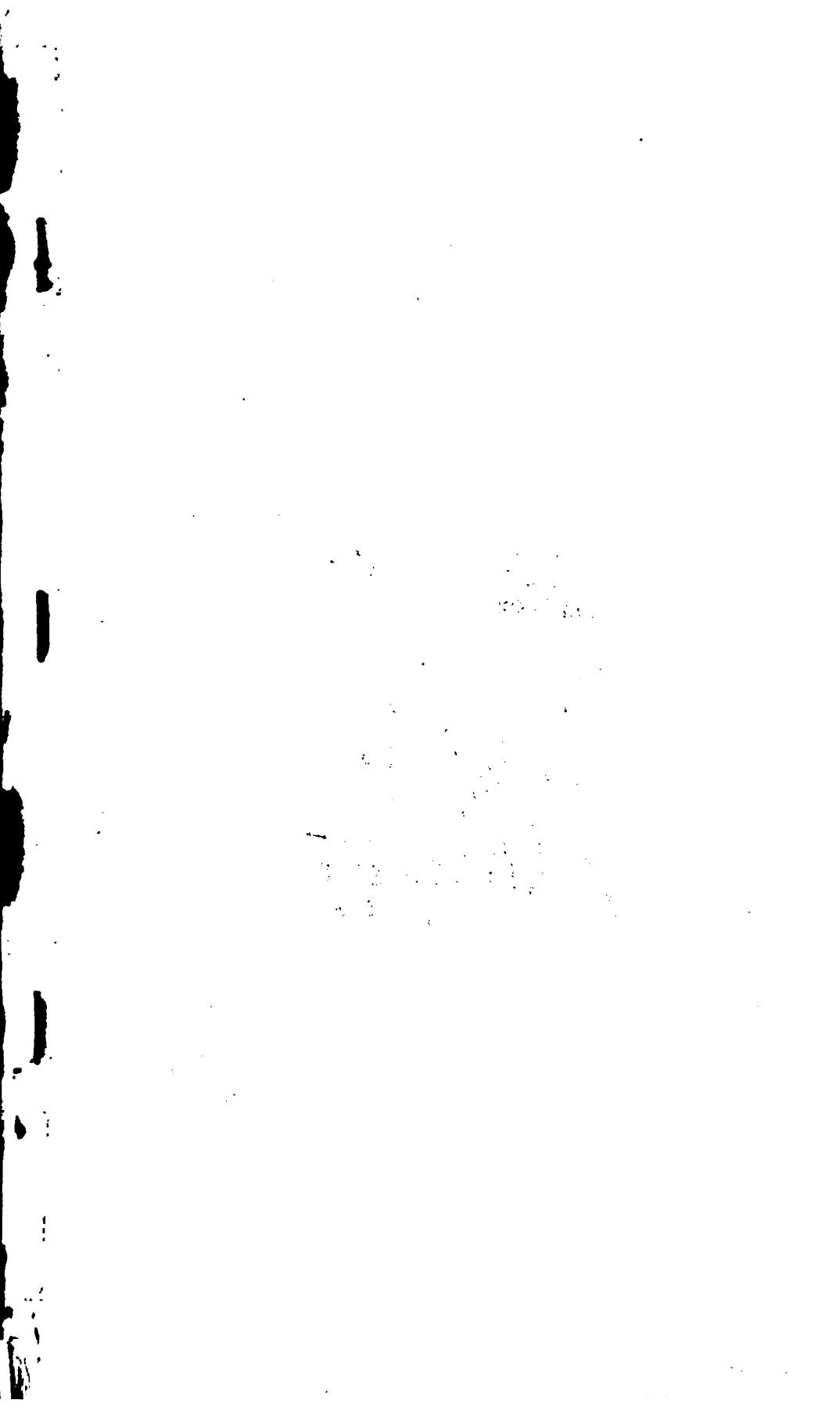
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The American Congress
on
Tuberculosis.

BULLETIN FOR 1902 and 1903.

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The American Congress

on

Tuberculosis,

THIRD AND FOURTH ANNUAL SESSIONS,

Held at the Hotel Majestic, in the City of New York,
June 2d, 3d and 4th, 1902, in Joint Session with
and under the Auspices of the Medico-Legal So-
ciety of New York, and the Fourth Annual
Meeting, June 10th, 1903, at the Press
Club, in the City of New York.

BULLETIN FOR 1902 and 1903.

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DEDICATION.

To Dr. A. N. Bell,

*Founder and Editor of the Sanitarian, Honorary
President American Congress on Tuberculosis:*

HONORED SIR:—The management of the American Congress on Tuberculosis, honors itself by dedicating this volume to you, in recognition of the high position you have so worthily earned and held in Sanitary Science, not only for the latter half of the last century, but the opening years of the present.

You sir, was the first President of this Congress and we hope you will long live to grace the position of Honorary President, of a body that owes so much to your large experience, great and distinguished ability in guiding those who were proud and glad to listen to and follow your wise counsel in its humanitarian and philanthropic work for the good of the race.

CLARK¹ BELL,
Chairman Executive Board.

PREFACE.

The compilation of this volume fell to the writer as being most actively engaged in the work of the body whose labors it chronicles.

It will be read in the future with great interest by those students who desire to trace the inception of the conflict with Tuberculosis, along the lines of Preventive Legislation in the Western Hemisphere.

It has been the first and most earnest organized endeavor to enlist the sympathy, encouragment and aid not alone of the best thought and service of the two great professions of Law and Medicine; but of the ablest and most intelligent minds of the land, in all the professions, and of the intelligent laity, in considering the problems presented to the world, in the pending conflict with consumption, that has become so terrible in its ravages upon the human race, as to force its consideration from the highest conceivable plane of Forensic Medicine by legislative action.

CLARK BELL.

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PRELIMINARY CHAPTER.

There were two causes that contributed to the delay in the publication of the Bulletin of the American Congress on Tuberculosis for 1902.

1. No financial provision had been made for its publication beyond the contract of the Medico-Legal Journal to do it, on the same terms under which the Bulletin of 1901 was published, and

2. The officers elected at the annual meeting of 1902, with the exception of Dr. Barrick and one other, had never contributed any money or work of any kind to the labors of the Congress and were substantially strangers to all the labor it had accomplished.

The nomination committee did not have any knowledge of the body or its workings and did not submit any nominations for members of the Governing Council. The newly elected President never had attended a meeting of the body, and none of the officers of the Congress had been in any way consulted by that committee, as to the candidates proposed, except possibly the President..

Some of the officers elected were not present, and the Executive and Standing Committees were continued and invested with full power to go on with the work until new committees were duly appointed in their places.

Mr. Clark Bell, who had acted as chairman of the Executive Committee and as Secretary and Treasurer from the organization, had announced his desire to retire from all further active work, and only consented to act temporary until these details could be arranged and new officials and committees selected who would assume the work.

The newly elected officers did no work of any kind, towards holding a Congress, or filling the vacancies in the Council, in 1902 or 1903 after the session of 1902, but finally decided, in the spring of 1903, among themselves to organize a new body under a name similar to the name of the body and limit its management to medical men only.

A charter was obtained by them for this purpose and the old officers were named in it with their assent, except Dr. E. J. Barrick, and Dr. A. N. Bell, and it was decided by these gentlemen, except Dr. E. J. Barrick and Dr. A. N. Bell, not to hold any Congress at St. Louis in 1904, and to announce a Congress for April, 1905, at Washington; which they did publicly, but not at any meeting of the officers as none was called or held.

The Executive Committee of the Congress of 1902 was clothed by that body with full power to manage its affairs, and in this emergency it was convened and a Council elected under the provisions of the by-laws and the annual meeting of the Congress was called by the Executive Committee; duly called for the purpose of completing the organization for June 11, 1903, at the Press Club, in New York City, on notice to all the members of the body, at which more than a majority of all the members of the Congress, whose dues had been paid, were either present or represented by proxy. The action at the annual meeting of 1903 was harmonious and unanimous and a Board of Officers was elected; some of whom declined, but their vacancies were promptly filled and Dr. E. J. Barrick, who had refused to act with those who sought to destroy the original organization, was chosen the President.

PRELIMINARY CHAPTER.

Mr. Clark Bell was urged by the unanimous voice of the members of the Congress to resume or continue his place as Chairman of the Executive Committee, and was chosen by the whole board of officers Chairman of the Board of Executive officers and of the Executive Committee.

He was named as Chairman of the Committee on Organization by the Management of the St. Louis Exposition and threw his energies into that work.

As no Congress had been held in 1903, except the annual meeting, at which no papers were read, and whose whole labor was devoted to the election of new officers and deciding as a Congress on the future work of the body, it was directed by unanimous consent to combine in the one volume the Bulletin of 1903 and 1904.

The circumstances justify the present officers in making the statement that there was a carefully prepared plan to complete a new organization which should eliminate from its management every person not a medical man from official position or voice in the management, and to select such names as were by the originators of the plan thought most desirable, omitting the name of Dr. A. N. Bell, the first Honorary President of the body, and the entire list of Honorary Vice-Presidents and Vice-Presidents of States who had been elected by the Society on June 5, 1902.

On June 5, 1902, on the floor of the Congress Mr. Bell had moved that these officers be re-elected, and by unanimous action the Congress had elected them. Mr. Bell at the time supposing that it was an omission accidentally occurring on the part of the Nominating Committee, but had moved a vote of the body to do it, which was unanimously adopted. The question of who were to be eligible had also been passed upon by the Congress of 1902.

On the report of the Committee of Organization the clause of the report was so framed that it could be construed so as to limit it to medical men.

Mr. Clark Bell on the floor moved to amend this language, so as to admit lawyers and all professions, and had supported the amendment by stating that all but a few of the Governors of States who were then Honorary Vice-Presidents were lawyers and statesmen. Dr. E. J. Barrick had supported Mr. Bell's amendment on the floor of the house, and Dr. T. D. Crothers, Chairman of the Committee, submitting the report accepted this report, and it was unanimously adopted by the Congress, which was conclusive as to the Congress itself.

It is doubtful if any or more than a few of the members of the Congress, except the three or four who planned and originated this movement, favored it. And at the annual meeting of the Congress of June 11, 1903, not a single member who attended the meeting favored it, and none of those who were known or believed to have been concerned in the revolutionary measure were re-elected, except Dr. E. J. Barrick and one other for whom he vouched but who later declined to accept the office to which he had been elected.

This resulted in two organizations, the rival body retaining a name almost identical with the original organization, until by the protest of leading medical journals it chose another name, abandoned the published plan of its chief promoter who had been suspended from office by the Council and a successor placed in his stead, which left this body free and rid of him and the officers elected on June 11, 1903, proceeded with its work of preparing for the Congress to be held at St. Louis, 1904.

The expense of the publication and the great labor and expense of the proper organization of the Congress of 1904, at St. Louis were so great and engrossing that it was thought advisable to delay the publication of the Bulletin of 1902 and 1903, and it is now presented by the authority of the Executive Board of the Congress.

PRELIMINARY CHAPTER.

The labor and the chief burden of the expense has fallen on the Chairman of the Executive Committee, Mr. Clark Bell, who deserves the highest praise for the great energy which he has displayed in bringing the work to a successful completion, creditable alike to the Government of the United States, the Management of the St. Louis Exposition, the Medico-Legal Society of New York under whose auspices the Congress was created, and during the time of which he was the President.

Mr. Bell is also entitled to the thanks and the sympathy of the board of officers and the members of the American Congress on Tuberculosis for the great success of the endeavors of that organization, as well as to all who take an interest in the philanthropic and honorable part he has borne in the years of his service and which will reflect credit and lustre on his life, now that he has retired from further personal activities in these labors and been placed on the list of its Honorary Presidents as the highest honor the body could bestow upon him.

E. J. BARRICK, M. D.,
President American Congress on Tuberculosis.

November 1, 1904.

TRANSACTIONS.

TUESDAY, JUNE 3, 1902, 10 A. M.

SECOND DAY—MORNING SESSION.

In the Chair:

For the American Congress on Tuberculosis, the President Dr. Henry D. Holton, supported by Chas. O. Probst, M. D., of Columbus, Ohio, Secretary of the State Board of Health of Ohio.

For the Medico-Legal Society, the President Clark Bell, Esq., supported by James A. Egan, M. D., Secretary of the State Board of Health of Illinois.

President Clark Bell introduced Dr. Daniel Verjures Lope, delegate from the Mexican Government, who had failed to be present at the opening session on the 2d, and he made an eloquent address.

President Holton announced the names of the Committee on Nominations and on Resolutions, but did not furnish the Secretary with a list, but read them from the platform.

Dr. C. O. Probst, of Ohio, was announced as the Chairman of the Committee on Resolutions, and Colonel Lippincott, of the Marine Hospital Service, United States Army, Chairman of the Committee on Nominations, and Dr. J. Wood Bassett, of St. Joseph In., Secretary of that committee.

The Chair stated the order of business to be the consideration of the Second Symposium, "Tuberculosis in its Pathological and Surgical Aspects," which he announced was in charge of a sub-committee, of which Dr. J. J. Kinyoun, was Chairman, and Dr. H. Edwin Lewis, of Burlington, was Secretary.

Mr. Bell, President of the Medico-Legal Society, announced that the Committee submitted for the consideration of the Congress the following themes and subjects for discussion:

1. The Relation of Allied Forms of Micro-Organisms to the Tubercle Bacillus.

2. Mixed Infections in Tuberculosis.

3. Variation in the Morbid Anatomy, Histology and Clinical Expression of Tubercular Processes.

He introduced Dr. J. J. Kinyoun, of Pennsylvania, who made the opening address. He was followed by Dr. H. Edwin Lewis, Secretary of the Standing Committee on the Second Symposium, who read a paper entitled: "The Importance of Individual Predisposition in the Development of Tuberculosis with some Remarks on the Relation of Metabolism to Human Susceptibility." The paper was discussed by Dr. William S. Magill, of the Carnegie Laboratory of New York City, the pathologist of the Medico-Legal Society, who opened the discussion.

Prof. Kinyoun's address was discussed by several members and the discussion closed by the author.

Dr. C. C. Carroll, of New York, then read a paper entitled, "Prof. Koch Reviewed."

Mr. Clark Bell, from the Chair, presented an "Open Letter on Tuberculosis," from Prof. Dr. Moritz Benedikt, of Vienna.

Judge Abram H. Dalley, of Brooklyn, then made an address entitled "Some Suggestions by a Lawyer to the Medical Profession."

Dr. George A. Soper, Ph. D., Sanitary Expert of Brooklyn, N. Y., offered a resolution upon "The Prevention of Spitting in Public Conveyances." The Secretary requested Dr. Soper to send up a written copy of the resolution, which Dr. Soper declined to do.

Dr. M. Markiewicz, of New York, then read a paper entitled, "The Obligation of the State in Reference to Hereditary and Acquired Tuberculosis of Children."

The following papers were read by title in the absence of the authors:

"Alcoholism as a Cause of Tuberculosis," by T. D. Crothers, M. D., of Hartford, Conn.

"State and Municipal Responsibility in the Care of Tubercular Patients," by J. R. Kippax, M. D., of Chicago.

"The Medical and Surgical Aspects of Tuberculosis," by S. H. Allen, of Provo, Utah.

"Tuberculosis Among the Negro Race Before and Since Emancipation," by J. W. P. Smithwick, M. D., of LaGrange, N. C.

"Genito-Urinary Tuberculosis," by N. E. Aronstam, of Detroit, Mich.

"Evolution in Medicine," by C. C. Carroll, of New York.

The Congress then took a recess until 2 o'clock p. m.

CLARK BELL, Secretary.

TUESDAY, JUNE 3, 1904, 2 P. M.

SECOND DAY—AFTERNOON SESSION.

In the Chair:

For the American Congress on Tuberculosis, the President Henry D. Holton, supported by Charles A. Lindsley, Secretary of the State Board of Health of Connecticut.

For the Medico-Legal Society, Clark Bell, President, supported by Dr. William Oldright, of Toronto, Canada.

The President, Clark Bell, announced that the session would be devoted to the consideration of the Third Symposium, "The Medical and Surgical Aspects of Tuberculosis," (embracing Sanatoria and Climatic Conditions, Light and Electricity).

He stated that this symposium had been in charge of a committee, of which Dr. Karl Von Ruck, of Asheville, N. C., had been Chairman. The postponement of the date of the session made it impossible to postpone his sailing for Europe on the 22d of May.

The Symposium has been sub-divided and classified as follows:

1. "The Medical and Surgical Aspects of Tuberculosis," under the chairmanship of Dr. Augustus C. Bernays, of St. Louis, Mo., who had been announced to open the discussion of this branch of the subject. In the absence of the author.

A paper by Dr. Augustus C. Bernays, of St. Louis, Mo., "Tuberculosis and Its Relation to other Infections," was read by title.

The paper by Dr. W. W. Johnson, of Hartford, Conn., "The Progress of Lung Surgery," was also read by title in the absence of the author.

"Tuberculosis in the Army" was then read by Capt. Henry D. Snyder, M. D., U. S. A. Discussion was limited to five minutes to each speaker.

A paper by Dr. Charles F. Ulrich, of Wheeling, W. Va., "The Hygienic Treatment of Tuberculosis," was then read.

A paper by Prof. J. G. Adami, of McGill University, entitled "On Tuberculosis in Relation to the Live Stock Industry," was then read by the Secretary, forwarded by Prof. J. G. Adami, of McGill University.

Mr. Bell read a communication from Prof. J. G. Adami, stating that he was unable to be present at the Congress on account of the serious illness of the gentleman who was to take his place and which prevented his leaving the University.

Prof. Adami's paper was discussed by several members.

The following papers in the absence of the authors were read by title under the rule, that in the absence of authors paper should be read by the Secretary by title only.

Dr. J. Budis-Jicinsky, Cedar Rapids, Iowa, "The Importance of the Early Diagnosis of Tuberculosis."

"The New Life Saving Service or the Prevention of Consumption," by Matthew M. Smith, M. D., of Austin, Texas.

"The Early Diagnosis of Pulmonary Tuberculosis," by Dr. J. W. Bell, Minneapolis, Minn.

"The Anti-Pyretic Treatment in the Cure of Tuberculosis," by Dr. Helen Densmore, Long Beach, Cal.

"A Consideration of the Various Biological Products Advanced for the Cure of Tuberculosis," by Dr. Louis Le Roy.

"Hot Air in the Prevention of Tuberculosis," by Dr. Charles H. Shepard, of Brooklyn.

"The Relation of Influenza to the Development and Cause of Pulmonary Tuberculosis," by Dr. Karl Von Ruck, of Asheville, N. C.

"Tuberculosis Due to Vitiated Atmosphere of School and Work Rooms," by W. Oldlight, M. D., Toronto.

"Some Experiments on the Excretions of Calcimine in Tuberculosis," by Dr. Alfred C. Grafton, Pepper Laboratory, Phila., Pa.

"Practical Observations on Pulmonary Tuberculosis," by H. W. Mitchell, of New York.

"The Etiology of the Inductive and the Incipient Stages and Specific Treatment Based Thereon," by Thos. McNeill McLean, M. D., of Elizabeth, N. J.

A paper entitled "The Contagiousness of Tuberculosis as Illustrated in One Family," by Dr. H. C. Fairbrother, Prof. Railway and Military Surgery, St. Louis, was read by the author. Discussion was limited to five minutes.

Sanatoria and Climatic Conditions was then taken up, and President Bell announced that this branch has been placed in charge of Dr. Benjamin Lee, Secretary State Board of Health of Philadelphia, pa., supported by Dr. E. T. Barrick, of Toronto, Vice-President of the Congress, who opened the discussion.

The following papers were read by title in the absence of authors, except Dr. Benjamin Lee and Dr. Frank Pachal, who assented.

"Some Inter-Mountain Sections Favorable to the Cure of Tuberculosis," by Martha Hughes Cannon, M. D., Salt Lake City.

"Tuberculosis and Environment," by Dr. H. McHatton, Georgia.

"Climatic and Sanatorium Treatment of Tuberculosis," by Dr. Francis Crosson, Albuquerque, New Mexico.

"Xalapa as a Health Resort," by Hon. Theo. A. Dehesa, Governor of Vera Cruz, Mexico.

"The Climate of Arizona in Relation to Tuberculosis," by Dr. John R. Walls, Prescott, Ariz.

"The Highlands of Jamaica as Appropriate Localities for Sanatoria for Consumptives," by Benjamin Lee, M. D., Philadelphia, Pa.

"Climate, Place and Tuberculosis," by P. C. Remondino, M. D., San Diego, Cal.

"On the Death Rate from Consumption of the Health Boards in this Country," by Dr. F. Paschal, San Antonio, Texas.

"Statistics of the Mortality of Tuberculosis in the City of Xalapa (Mexico), from 1892 to 1901, Inclusive."

"The Increased Prevalence of Tuberculosis Among the Negro Race Below the Mason and Dixie Line," by Dr. E. Hughes, of Keysville, Md.

"La Tuberculose dans la Republique Argentine," by Dr. Samuel Cache, Vice-President of the Congress of Buenos Ayres.

"The Climate of the Argentine Republic in Relation to Tuberculosis," by Dr. Francis de Veyga, Vice-President from Argentine Republic, Buenos Ayres.

Discussion was limited to five minutes to each speaker.

Light and Electricity was then made the order.

The President, Mr. Clark Bell, announced that the discussion of this branch was in charge of Dr. J. Mount Bleyer, Vice-President of the Congress, supported by Dr. Louis Le Roy, of Nashville, Tenn., Vice-President of the Congress.

The following papers were read:

"The Influence of Electric Ozonations Upon Tuberculosis," by G. Lenox Curtis, M. D., of New York.

"Early Diagnosis of Pulmonary Tuberculosis, by Roentgen X-Ray Method," by Dr. Mihran K. Kassabian, Philadelphia, Pa.

The following papers were read by title in the absence of or by assent of authors:

"Latest Scientific Research as to the Etiology and Treatment of Tuberculosis," by Dr. L. H. Warner, New York City.

"Demonstration by Electrical Vivisection of the Direct Sterilization of the Blood in Tuberculosis by Means of Electricity," with remarks upon the recent researches of Prof. Low's recent discoveries, by Dr. J. Mount Bleyer, New York.

"Treatment of Tuberculosis by Nebulization," by Ira A. Donovan, M. D., Butte, Montana.

"La Baccilline dans le Treatment de la Tuberculose," by Dr. Wm. Livet, of Paris, France.

The President announced the names of the Committee on Nomination of officers from the platform, but did not furnish the Secretary with the list.

He also announced the names of members to act on the Committee on Organization, C. O. Probst, M. D., of Ohio; J. H. Tyndale, M. D., Nebraska; U. S. Wright, M. D., Missouri, to fill the places of absentees on that committee.

The Report of the Committee on the resolution announced adopted June 2d, on creating standing committees as provided in the resolution favoring the adoption of the resolution, was submitted by Dr. Geo. Brown, Chairman, as follows:

Resolved, That besides the Executive Committee, the following Standing Committee be created to take charge of the several subjects and to report at the next annual meeting:

- (a) Committee on Preventive Legislation.
- (b) Committee on the Pathology and Bacteriology of Tuberculosis.
- (c) The Veterinary Aspects of Tuberculosis.
- (d) Sanatoria.
- (e) Climatology.
- (f) Light and Electricity.
- (g) The Surgery of Tuberculosis.
- (h) Resolutions.
- (i) Ways and Means.
- (k) On Acceptance, Censorship and Revision of Contributions for Publication, and on Publication.
- (l) On the Press.

Respectfully submitted,

George Brown, Chairman; J. H. Tyndale, Nebraska; T. Henry Davis, Indiana; C. O. Probst, Ohio; U. S. Wright, Fayette, Mo.; O. B. Douglas, Concord, N. H.; T. D. Crothers, Connecticut; J. L. Nicholson, North Carolina.

The report of the committee was received on motion, adopted and the resolution as reported was carried unanimously.

Dr. T. D. Crothers, of Connecticut, Chairman of the Committee on Organization, submitted the following report:

OFFICERS.

There may be several Honorary Presidents including the Governor of the State where the Convention is held, the Mayor of the town, and any foreign dignitary who would give strength to the organization by his name.

The President of the United States may be included.

ACTIVE OFFICERS.

A President, Secretary, Treasurer and five Vice-Presidents; also a Council of nine members, of which the President and First Vice-President [Secretary and Treasurer], also the Ex-Presidents are members ex-officio.

COMMITTEES.

A committee appointed by the President from the Council to have charge of the finances, audit all bills, and regulate the taxes [or dues] to be laid on the members. This committee shall consist of five members who shall audit all bills and sign all orders on the Treasurer, and such other business of the Association as pertains to the business of the Association.

The duties of the Secretary and Treasurer will be the same as that of other societies.

Second. The Committee on Publication shall consist of five members appointed by the Council, with the President and Vice-President ex-officio members.

All papers to be presented or read at the meeting must be sent to the Publication Committee either in full or in abstract, at least four weeks before the meeting. They will have charge of the papers that are read and their final disposition as to publication.

Third. The Committee on Transportation, consisting of five members appointed by the Council, have charge of all enrollments, place of meeting, banquets, excursions, museum and hall.

Fourth. The Committee on Invitation, consisting of five members with President and Vice-President ex-officio, shall send out all invitations and make all arrangements for the papers and lectures of the meeting.

All resolutions shall be referred to the Council without discussion, to be reported on later in the session at their option to the Congress, with such recommendations as they may deem best.

A business meeting of the Council including the officers, enrolled members and delegates who have a right to vote, to be held the first evening of the session.

A Nominating Committee shall consist of one delegate from each State and Province and country represented; also from the United States Army and Navy, and also from the Marine Hospital Service.

This committee to be appointed by the President on the first day of the Congress.

Delegates are to be received from all reputable medical societies, from the Army and Navy and Marine Hospital service, and persons appointed by the Governors of different countries and States, Provinces and all societies for the prevention of tuberculosis [and other legal societies and scientific bodies.]

All By-Laws and regulations to be the same as that which govern other bodies.

T. D. CROTHERS, M. D.,

C. O. PROBST, M. D.,

T. HENRY DAVIS, M. D.,

MORITZ ELLINGER, M. D.

On motion the report was received and taken up for discussion and action.

Mr. Clark Bell, Secretary, moved the second clause headed "active officers" be amended by adding the words "Secretary and Treasurer" after the word "President" in the third line thereof, which motion was seconded.

Mr. Bell said in support of the motion that while it was well known that he should not accept a re-election as Secretary and Treasurer for another year, he thought it would be wise that both the Secretary and the Treasurer should be ex-officio a member of the Council.

Dr. Crothers, Chairman of the Organization Committee, accepted the amendment in behalf of the committee, and the amendment was adopted unanimously.

Mr. Bell then moved that the third clause of the report be amended by adding after the words "regulate the taxes" the words "or dues."

Dr. Crothers accepted the amendment in behalf of the Committee and the amendment was carried unanimously.

Mr. Clark Bell then moved that the report be amended by inserting the next to the last clause the words after the words "Prevention of Tuberculosis" these words "and other legal societies and scientific bodies," which motion was seconded by Dr. E. J. Barrick.

Mr. Bell said in support of the motion, that the body should be open to the legal profession, and indeed to all students of the subject of all professions and of no profession. That it had been founded by the Medico-Legal Society, composed of lawyers, physicians, chemists and scientific men of no profession at all. That a large number of Governors of States were then Honorary Vice-Presidents who were not medical men, and that the language of the report might exclude such from membership; that he believed the success of the body depended upon the union of men of all professions and the intelligent laity.

Dr. E. J. Barrick eloquently supported the motion. He thought the aid of legal men and of statesmen and of the reverend clergy in dispensable to success. That in Canada the Lt. Governors and the Governor General had identified themselves with the Canadian Society. That he gave it as his deliberate opinion that such a body limited to medical men alone would not succeed, and that the union of men of all professions and the educated and cultured men of the country was an absolute essential to success.

Dr. T. D. Crothers, Chairman of the committee, who had charge of the report, said that he concurred in the wisdom and propriety of the amendment, and in behalf of the committee accepted the amendment. The amendment was then unanimously adopted.

The report as amended was then on motion unanimously adopted and the committee directed.

The report as adopted, with the amendments proposed and adopted, appears at pp. 403 and 404, in the December Number, 1902, of the Medico-Legal Journal.

The foregoing is the plan of organization adopted by the Congress on the second day of its session.

The clauses printed in brackets were amendments, unanimously adopted by the Congress on motion of Mr. Clark Bell, the Secretary, after debate, which amendments to the original report of the Committee were accepted by Dr. T. Crothers, the chairman of the Committee on Organization, who had been named at the Congress of 1901 to report at this Congress.

Dr. E. J. Barrick, of Toronto, Ontario, one of the Vice-Presidents at-Large of the Congress, moved the adoption of the following resolution:

That it is the duty of every Government, Municipality and individual citizen to adopt organized methods for lessening the spread of a disease which is causing directly or indirectly probably one-fifth of the total deaths in almost every country in the world.

It was seconded and after discussion unanimously adopted.

Dr. Oldright, delegate from Ontario, Canada, offered the following resolution:

That whereas in the lists of deaths from Tuberculosis classified according to occupations published in the statistical report of the United States and Canada female school teachers hold a very prominent position, this Congress would draw attention to the fact that the average amount of air space, in schools is less than half that recommended by sanitarians all over the world and would further urge upon the authorities their bounden duty of providing more accommodation and better ventilation. (

The resolution was unanimously adopted.

The following resolutions reported from the Committee on Resolutions were then unanimously adopted:

Whereas, Tuberculosis is an infectious disease, ordinarily communicated from person to person by means of dried sputum of a consumptive patient, and

Whereas, The spread of Tuberculosis could be largely controlled by proper care of such sputum and the enforcement of comparatively simple measures; therefore, be it

Resolved, By the American Congress on Tuberculosis that the health authorities be urged to disseminate to the widest extent possible, through the public press and otherwise, correct information as to the manner in which this disease is produced, and the means to be employed for its prevention.

Resolved, That we believe it to be the duty of the National State and Municipal Governments to enact rational methods for the institutions for the care of indigent consumptives.

Resolved, That there should be State and Municipal supervision of all public conveyances used for the transportation of passengers; and in view of the fact that spitting on the floors of public conveyances, favors the spread of Tuberculosis and is injurious to the public health, it is recommended that transportation companies be induced to pass and enforce rules against this act.

Resolved, That appropriations should be requested from State and Municipal Governments for the publication and distribution of literature as a means of education in the prevention of the spread of Tuberculosis.

Resolved, That all cases of Tuberculosis should be reported by the attending physician to the Health Boards for purpose of disinfection of houses occupied by consumptives.

Resolution offered by Clark Bell, Esq., and submitted by the Committee on Resolutions:

Resolved, That the American Congress on Tuberculosis, now in session, desires to congratulate the people of England, the British nation, and His Majesty, King Edward VII, on the conclusion of the war pending between His Majesty's Government and the Boers; and we hail with great pleasure the announcement of the restoration of peace, and the cessation of further hostilities, as a result that the whole world will hail with great satisfaction.

President Bell then read to the Congress the action of the Executive Committee of the Congress on May 17, 1892, viz:

ACTION OF EXECUTIVE COMMITTEE.

At a meeting of the Executive Committee of the American Congress on Tuberculosis, held at the office of the Chairman of the committee, at No. 39 Broadway, in the city of New York, on the 17th day of May, 1902, Clark Bell, Esq., chairman in the chair, and Moritz Ellinger, Esq., acting as Secretary, the following action was taken:

The Chairman laid before the committee a communication from John Hay, Secretary of State, dated May 13, 1902, advising that it would require \$108.15 to defray the expenses of cabling the foreign

Governments in Central and South America as per schedule contained in said letter; also the letter of the President, Henry D. Holton, favoring the payment of the same.

It was moved and carried that the treasurer be authorized in his discretion to pay the whole or any part thereof, which was unanimously carried.

It was moved and carried that the Treasurer be authorized and empowered to borrow money to defray the necessary expenses of the American Congress on Tuberculosis for postage, clerk hire, stationery, telephone, telegrams and all other obligations and charges which in his judgment were properly within the province of the Executive Committee, and to execute acknowledgements for same.

On motion, it was resolved, that the same provision in all respects for the publication of the Bulletin of the Congress of 1902, be continued as existed between the Congress and the Medico-Legal Journal for the publication of the Bulletin of 1901, which resolution was adopted.

On motion, it was resolved, that the same terms and conditions between the Medico-Legal Journal and the American Congress on Tuberculosis, and the authors of papers contributing to the Bulletin, be continued for the Bulletin of 1902, as existed for the Bulletin of 1901 to the authors of papers, and no more than was provided for in the arrangement for the publication of the Bulletin of 1901, which is intended to be hereby continued, and to provide as far as it is practicable, for the publication of the Bulletin of 1902, which resolution was adopted.

It was on motion, resolved, that a Committee of Censorship on all papers submitted to the Congress, be and is hereby created, to consist of Clark Bell, as Chairman; Dr. T. D. Crothers, of Hartford; Dr. H. Edwin Lewis, of Burlington, Vt.; Dr. Moritz Ellinger, of New York, and Dr. Daniel Lewis, of New York City, any three of whom shall compose a quorum, all of whom being editors, which resolution was adopted.

It was moved and carried that the Executive Committee be, and are hereby empowered to appoint committees of reception and entertainment, dinner committee, committee on badges, committee on press, and such other committees as they shall deem fit and expedient to act in conjunction and co-operation with any committee which may be named by the Medico-Legal Society for the purpose of carrying out the work of the Congress to a successful conclusion, which was carried.

It was moved and carried that the arrangement of the details of the programme for the Congress be placed under the charge of the Secretary, which was carried.

On motion, it was resolved, that the Executive officers be, and they are hereby empowered to make such arrangements for the Chairmanship, and discussion of the four Symposiums, as they shall deem for the best interests of the Congress, which shall be announced in the programme to be finished and furnished, if possible, on the day of the opening of the Congress, which was carried.

Resolved, That the Committee on Badges shall consist of Dr. J. Mount Bleyer, Dr. R. W. Shufeldt, Dr. H. W. Mitchell, with the Secretary and President ex-officio, the cost of the badges shall not exceed fifty cents each, to be collected of the members and delegates, except the Honorary Vice-Presidents.

It was resolved that the President, Secretary and any member of the Executive Committee of the American Congress on Tuberculosis be, and hereby are authorized to advance for the uses and purposes of the American Congress on Tuberculosis, any sum or sums needed by the Treasurer, and any such sum or sums so advanced by either as an advance, shall be an obligation on the part of the American Congress on Tuberculosis, to be to the person so advancing.

It was moved and seconded and carried, that the foregoing action be sent by the Secretary to the members of the Executive Committee, who were not present at the meeting, for their approval in writing, to the end that the same should have the unanimous approval of all the members of the committee as far as possible.

CLARK BELL, Chairman Ex. Com.

MORITZ ELLINGER, Secretary Ex. Com.

This action was taken by a quorum of the Executive Committee, and was approved by Dr. Henry B. Baker, and Dr. J. C. Shrader afterwards in writing, who were not at the session.

The President of the Society reported that in pursuance of said authorization, a contract had been made between the Medico-Legal Journal and the American Congress on Tuberculosis for the publication of the Bulletin of the Congress of 1902, under the authority and terms of that action, by which authors of papers could have them published in the Bulletin of 1902 at a cost of \$1.00 per page of small pica, and \$1.50 per page for small type and tables, and have 50 copies of the reprint from the same, as had been done in the Bulletin of the Congress of 1901, which was then present at the Congress and ready for delivery to members of that body.

That the arrangements for the meeting of the Congress, and the joint session of the two bodies, and the annual banquet had, with the approval of the executive officers of the American Congress on Tuberculosis, been placed in charge of a committee of one hundred members of the Medico-Legal Society, and other committees named in the published programme, which had been placed in the hands of members.

This action was forwarded to the members of the Executive Committee and approved by Dr. J. C. Shrader, M. D., and Dr. H. B. Baker.

The announcement of the banquet for the evening session was then announced by President Bell at the Hotel Majestic.

CLARK BELL,
Secretary of the Congress.

WEDNESDAY, JUNE 4, 1902, 10 A. M.

THIRD MORNING SESSION.

JOINT SESSION AMERICAN CONGRESS ON TUBERCULOSIS WITH THE MEDICO-LEGAL SOCIETY.

For the American Congress on Tuberculosis, Dr. E. J. Barrick, of Toronto, supported by Dr. C. A. Lindsley, of New Haven, Conn., Secretary State Board of Health.

For the Medico-Legal Society, Clark Bell, Esq., President of that Society, supported by Dr. J. W. C. O'Neal, of Pennsylvania; H. Edwin Lewis, M. D., of Vermont, and Dr. Linn, of Iowa.

The President, Dr. H. D. Holton, asked to be excused at the morning session, as he had important business engagements down town in the city.

President Bell announced that the order of business for the morning session would be the Fourth Symposium, "The Veterinary Aspects of Tuberculosis," of which Drs. E. Salmon, at the head of the Bureau of Animal Industry at Washington, was chairman.

The Chair introduced D. E. Salmon, who made an interesting address.

Dr. E. Salmon's paper was published in the Bulletin.

The order of unfinished was then reached and taken up.

President Bell, as Chairman of the Executive Committee, called the attention of the Congress to the long list of Honorary Vice-President, nearly all of whom were Governors of States and men of the highest character, position and distinction, who seemed to have been entirely overlooked by the Committee on Organization in the Report that had been made and adopted. Also to the gentlemen who had been appointed Vice-Presidents of States by the executive officers, three or more from a State, Province or Country and eminent men on the Continent of Europe and in Foreign Countries now on our Roll of Honorary and other Vice-Presidential lists, very few of whom were present.

He explained the enormous correspondence of the officers in making these selections, and that the labor would be lost if they were not re-elected, nearly all of whom were in full sympathy with the work of the Congress, and reported from the Executive Board recommending that these gentlemen, or such of them as the Board approved of be re-elected to the position they then held.

The report of the Executive Committee through its Chairman, was on motion received by the Congress.

Mr. Bell then moved that it be adopted and that the Congress proceed to the election of Honorary Vice-Presidents, Vice-Presidents-at-Large and Vice-Presidents from States.

Dr. C. O. Probst objected that it was a proper subject to be referred to the Committee on Nominations.

Mr. Bell stated he had been reliably informed that the Committee on Nominations were not aware of the facts in the case. That not any member of that committee had ever attended a meeting of the body before the present meeting, as he had been advised.

That he had been also advised that the Nominating Committee had completed their nominations without making any provisions or nominations for these offices and had limited their nominations to the executive officers only, and appealed to Dr. Probst to state, as a member of that committee, whether this was so. Dr. Probst stated that this was true so far as he knew.

The motion made by Mr. Bell was carried unanimously.

Mr. Bell then moved that the Congress proceed forthwith to the election of Honorary Vice-Presidents, Vice-Presidents-at-Large and Vice Presidents of States, which was carried unanimously.

Mr. Bell was requested to read the lists of Honorary Vice-Presidents, which he did, and on motion the Secretary was directed to cast the ballot for their election, which embraced the list of Honorary Vice-Presidents then in the programme, 36 in number, who were declared duly elected Honorary Vice-Presidents of the body.

The like motion was put and carried as to the twenty-one Vice-Presidents from the Dominion of Canada, Mexico and Central and South America, as were also Dr. Moritz Benedikt, of Vienna; Nils R. Finsen, of Copenhagen; Prof. Dr. Herman Kornfeld, of Gleiwitz, and Dr. Wm. Livet, of Paris, France, who were duly elected and declared by the Chair to be duly re-elected.

The same motion was made as to the Vice-Presidents-at-Large and from the American States and Foreign Countries, and Mr. Bell suggested that the delegations from States make nominations or substitutions as desired as to roll of States were called from the printed list.

At the suggestion of Dr. Jas. A. Egan his name and Dr. John A. Robinson were substituted for the names on the printed list from that State.

Dr. Wm. Oldwright suggested the name of Hon. J. R. Stratton, of Toronto, to be added to the Canadian list and Mr. Bell accepted the name and Dr. Stratton and the other names were called.

Dr. A. M. Linn was added to the list from Iowa.

In Montana's Vice-Presidents, the names were changed to John C. Clayburg and John A. Donovan.

In New York, Clark Bell's name was substituted in place of Dr. Daniel Lewis, who had been agreed upon for the Presidency.

Dr. J. W. O. Neal, of Gettysburg, and Dr. M. K. Kassabian, of Philadelphia, were nominated for that State and added to the list.

Dr. J. P. Session's name was substituted in place of Dr. Frank Paschal, who was slated for an executive office in Texas.

Dr. T. L. Barber, of Charleston and I. N. Houston, of Mountsville, West Virginia, were nominated by Mr. Bell from that State.

Mr. Clark Bell nominated Dr. H. Edw. Lewis, of Vermont, in place of Ralcy Husted Bell as Vice-President-at-Large, and President Bell paid a glowing tribute to the services Dr. Lewis had rendered the Congress, by arranging the Museum, and his name was added to the list of Vice-Presidents-at-Large.

Mr. Clark Bell nominated Dr. T. M. McIntosh, of Thomasville, Ga., for Vice-President-at-Large in place of Dr. Geo. Brown, of Atlanta, whose name was slated for the Secretaryship of the Congress. Dr. Alexander Mack, of Hawkinsville, Ga., vice Dr. W. L. Bullard, of Columbus, Ga., and Dr. Karl Von Ruck, of Asheville, N. C., for Vice-President-at-Large. Capt. Henry D. Snyder, United States Army; Dr. Frank P. Norbury, of Jacksonville, Ill.; Ex-Senator Henry D. Winton, of Hackensack, N. J., and on motion the Secretary was directed to cast the ballot for the names so nominated for election, and the Chair declared the gentlemen so nominated with those on the printed list, as changed, duly elected Vice-Presidents of the Congress at large and for the States, Territories and Provinces above named.

On motion it was voted that the Executive Committee have power of the Society to add to such lists of Honorary Vice-Presidents-at-Large and Vice-Presidents for States and to fill all vacancies occurring therein that might hereafter arise in the officers of the Society until the further action of the Congress.

It was moved and carried that the time for contributions to the Congress be extended and the Executive Committee empowered to extend the same and incorporate the same in the Bulletin.

The Chairman of the Executive Committee, Mr. Clark Bell, from the Executive Committee read to the Congress the action of the Executive Committee of 17th May, 1902,

On May 27th, 1902, the Executive Committee of the Congress before the session, adopted the following resolution by a quorum of its members:

Resolved, That a Committee of Censorship on all papers contributed to the Congress be, and hereby is created, to consist of Clark Bell, as Chairman; Dr. H. Edwin Lewis, of Burlington, Vermont; Dr. T. D. Crothers, of Hartford, Connecticut; Dr. Moritz Ellinger, of New York City, and Dr. Daniel Lewis, of New York City, any three of whom shall constitute a quorum; all of whom being editors; which action was approved of by a quorum of said Executive Committee.

EXECUTIVE COMMITTEE.

Clark Bell, Esq., of New York, Chairman.

Dr. A. N. Bell, of Brooklyn.

Dr. T. D. Crothers, of Hartford.

Moritz Ellinger, Esq., of New York.

Dr. E. P. Lachapelle, of Montreal, Canada.

NOTE—This action was published in Vol. 20, No. 3, December, 1902, Medico-Legal Journal, and announced the names of the Executive Committee, the Committee on Audit of Bills and Censorship of Papers, with the action of the Executive Committee of 27th May, 1892, and the Resolution then adopted, as follows:

Dr. J. C. Shrader, of Iowa City, Iowa.

Dr. Henry B. Baker was a member of this committee, and resigned after the annual meeting on account of the pressure of his official duties.

COMMITTEE ON AUDIT OF BILLS.

Moritz Ellinger, of New York, Chairman.

Dr. A. N. Bell, of Brooklyn, New York.

Dr. T. D. Crothers, of Hartford, Conn.

Dr. Frank Paschal, of San Antonio, Texas.

Dr. E. J. Barrick, of Toronto, Canada.

Dr. A. N. Bell was elected, vice Dr. Edwin J. Lewis, who declined to accept this position.

COMMITTEE ON CENSORSHIP OF PAPERS.

Clark Bell, Esq., of New York, Chairman; Editor of the *Medico-Legal Journal*.

Dr. A. N. Bell, of Brooklyn, N. Y., Editor of the *Sanitarian*, vice Dr. H. Edwin Lewis, declined.

Dr. T. D. Crothers, of Hartford, Conn., Editor of the *Journal of Inebriety*.

Dr. Daniel Lewis, of New York, Editor of the *Medical Review of Reviews*.

It was on motion unanimously Resolved, That the action of the Executive Committee of May 17, 1892, and of May 27, 1892, and the action of the officers and committees under said action be and the same were unanimously approved.

Mr. Clark Bell made an address to the Congress, explaining the reasons which had compelled him by reason of the pressure of his professional engagements to withdrawn from further active duties as Secretary and Treasurer, but assured the Congress of his continued interest in the usefulness and prosperity of the Society.

The Congress then took a recess unto 2:15 p. m.

CLARK BELL, Secretary.

WEDNESDAY, JUNE 4, 1902, 2:15 P. M.

THIRD DAY—AFTERNOON SESSION.

In the Chair.

For the American Congress on Tuberculosis, President Dr. Henry D. Holton, of Vermont, supported by Dr. C. S. Lindsley, of New Haven, Conn.

For the Medico-Legal Society, President Clark Bell, Esq., supported by Dr. J. W. O'neal, of Pennsylvania, and Hon. Moritz Ellinger, of Connecticut.

The Chair announced as the business and order, the report of Nominating Committee and election of officers for the ensuing year. The Committee on Nominations made a report, recommending the election of the following officers:

For President, Dr. Daniel Lewis, of New York.

For First Vice-President, Dr. Chs. A. Egan, of Illinois.

For Second Vice-President, Dr. Frank Paschal, San Antonio, Texas.

For Third Vice-President, Dr. E. J. Barrick, of Toronto.

For Fourth Vice-President, Dr. I. A. Watson, of Concord, N. H.

For Fifth Vice-President, Dr. Romola, of Guatemala.

For Second Honorary President, the Retiring President Dr. Henry D. Holton, of Vermont.

For Secretary, Dr. George Brown, of Georgia.

For Treasurer, Dr. P. H. Bryce, of Ontario.

On motion the report was received, and it was moved and carried that the Congress proceed to the election of President for the ensuing year. By unanimous vote the Secretary was instructed to cast one vote for Dr. Daniel Lewis, of New York, for the office of President. The Secretary cast the vote and reported it, and Dr. Daniel Lewis was declared duly elected President for the ensuing year.

The Congress proceeded to the election of the First, Second, Third, Fourth and Fifth Vice-Presidents. On motion the Secretary was requested to cast the vote of the Congress for the several gentlemen recommended by the Nomination Committee for the several offices of Vice-Presidents, which was carried unanimously. The Secretary reported that he had cast one vote for the several gentlemen named as designated in the report of the Committee on Nominations, and that each of them were severally and unanimously elected as First, Second, Third, Fourth and Fifth Vice-Presidents of the body. The Chair declared the gentlemen duly elected Vice-Presidents of the body.

On motion the Secretary was directed to cast the vote of the body for Dr. Henry D. Holton for Second Honorary President of the Congress, which was carried unanimously. The Secretary reported that he had cast the vote of the body for Dr. Henry D. Holton, the retiring President for the position of Second Honorary President, and the President of the Medico-Legal Society in the Chair and the Secretary of the Congress, declared that Dr. Henry D. Holton had been duly elected Second Honorary President of the Congress for the ensuing year.

It was moved and carried unanimously that the Secretary cast the vote of the Congress for Dr. Geo. Brown, of Atlanta, Ga., for Secretary. The Secretary reported that the vote had been cast unanimously for Dr. Geo. Brown as Secretary, and the Chair declared him duly elected Secretary for the ensuing year.

The Secretary moved that the Congress unanimously instruct the Secretary to cast one vote for Dr. P. H. Bryce, of Ontario, for the office of Treasurer of the Congress for the ensuing year.

Mr. Bell spoke in favor of the motion, paying a high tribute to the great ability of Dr. P. H. Bryce, who had been for many years one of the ablest and most zealous members of the Medico-Legal Society. That while Dr. Bryce was not present and had not attended the meeting, that he believed him to be in full sympathy with the Association's purposes and labors of the Congress, and that he had the assurance of Dr. E. J. Barrick and others, that Dr. Bryce would accept the position and discharge the duties of the office.

Objections were made by several members to the election of any one to office who was not present, not identified with the work and who had not consented to serve, nor who had not been requested to do so.

An excited debate arose, in which Dr. Oldright, of Ontario, Dr. E. J. Barrick, of Ontario, Mr. Moritz Ellinger and several others participated.

Mr. M. Ellinger moved that the report of the Committee on Nominations as to the office of Treasurer be not adopted, and he moved that the name of the present Treasurer be substituted for that of Dr. Bryce, and made an excited and enthusiastic speech in support of the motion, which was seconded, and several members spoke on the subject.

Mr. Bell stated that his position was well understood that he could not again enter upon the active duties as an executive officer; that he believed Dr. Bryce would accept; that he knew Dr. Bryce well and thoroughly endorsed him and believed he was fully in

sympathy with the work, and that he would be willing to act until Dr. Bryce could be communicated with; that some of the other officers, the President and several Vice-Presidents, who were not present would have to be communicated with. It was moved that Mr. Ellinger's motion lie on the table, which, after an exciting debate, was declared carried by the Chair.

The motion of Mr. Bell that the Secretary cast the ballot for Dr. Bryce for Treasurer was carried, and on the report of the Secretary Dr. Bryce was declared duly elected Treasurer for the ensuing year.

Mr. Clark Bell, Chairman of the Executive Committee, then called the attention of the Congress to absent officials, who had been elected and who were not present, and asked for the instruction of the Congress in respect to the same, and announced the action of the Executive Committee, the Committee on Censorship and on the auditing of bills, under which the Congress had been organized and conducted by the Executive Committee and to the approval of that action by the Congress at the morning session of that day and to the unsettled bills, the passing upon the proposed papers by the Censorship Committee, the preparation and completion of the Bulletin of the Congress.

It was on motion unanimously Resolved, That the present Executive Committee the Committee on Censorship of Papers and on Audit of Bills be continued until their successors were duly elected and had accepted their positions, and that these several committees finish up and complete all the work of the present Congress which remains uncompleted.

Mr. Bell then said that some mark of recognition should be made by the Congress on the work done by H. Edwin Lewis, M. D., the Editor of the Vermont Medical Monthly, Chairman of the Museum Committee, who had rendered more important service to aid the Secretary of the Congress in his work than any other member of the body. He had prepared the catalogue of the Museum of the Congress and had done the most of the labor in arranging the exhibits of the Museum from the loans made from the Army Museum of the United States Government, in which he had been aided by Capt. Snyder, of the United States Army, who had taken a deep interest in the work of the Congress.

Mr. Bell then moved the following resolution: That the thanks of the Congress were justly due to Dr. H. Edwin Lewis for the very valuable service he had rendered the body as Chairman of the Committee of the Museum, as well as Secretary of the Standing Committee on the Bacteriology and Pathology of Tuberculosis.

Which was adopted unanimously.

RESOLUTIONS.

The following resolutions were offered and unanimously adopted by the Congress:

1. Resolution offered by Dr. E. J. Barrick, of Toronto:

That it is the duty of every Government, Municipality and individual citizen to adopt organized methods for lessening the spread of a disease which is causing directly or indirectly probably one-fifth of the total deaths in almost every country in the world.

2. Resolutions submitted by Dr. Oldright, of Canada:

That whereas in the lists of deaths from Tuberculosis classified according to occupations published in the statistical report of the United States and Canada female school teachers hold a very prominent position, this Congress would draw attention to the fact that the average amount of air space, in schools is less than half that recommended by sanitarians all over the world and would further urge upon the authorities their bounden duty of providing more accommodation and better ventilation.

3. Resolution reported from the Committee on Resolutions:

Whereas, Tuberculosis is an Infectious Disease, ordinarily communicated from person to person by means of dried sputum of a consumptive patient, and

Whereas, The spread of Tuberculosis could be largely controlled by proper care of such sputum and the enforcement of comparatively simple measures; therefore, be it

Resolved, By the American Congress of Tuberculosis that the Health Board authorities be urged to disseminate to the widest extent possible, through the public press and otherwise, correct information as to the manner in which the disease is produced, and the means to be employed for its prevention.

Resolved, That we believe it to be the duty of the National, State and Municipal Governments to enact rational methods for the institutions for the care of indigent consumptives.

Resolved, That there should be State and Municipal supervision of all public conveyances used for the transportation of passengers; and in view of the fact that spitting on the floors of public conveyances favors the spread of Tuberculosis and is injurious to the public health, it is recommended that transportation companies be induced to pass and enforce rules against this act.

Resolved, That appropriations should be requested from State and Municipal Governments for the application and distribution of literature as a means of education in the prevention of the spread of Tuberculosis.

Resolved, That all cases of Tuberculosis should be reported by the attending physician to the Health Boards for purpose of disinfection of houses occupied by consumptives.

4. Resolution offered by Clark Bell, Esq., and submitted by the Committee on Resolutions:

Resolved, That the American Congress on Tuberculosis, now in session, desires to congratulate the people of England, the British nation, and His Majesty, King Edward VII, on the conclusion of the war pending between His Majesty's Government and the Boers; and we hail with great pleasure the announcement of the restoration of peace, and the cessation of further hostilities, as a result that the whole world will hail with great satisfaction.

Mr. Clark Bell called the attention of the Congress to the great value of the kindly sympathetic aid which the Government of the United States had rendered to the officers of the Congress and read the correspondence between the officers of the Congress and the Government of the United States and those to which he had referred in his address of welcome to members and delegates to this Congress. Mr. Bell said that no one could correctly estimate the enormous consequences and immeasurable good that such governmental action had already done, nor its great importance in the future labors of the body in aid of its humane and philanthropic labor. That some recognition was due the Government of our appreciation and he offered the following resolution:

Resolved, That as the sense of this Congress no more important step in the conflict with Tuberculosis than that taken by the Government of the United States in aid of its labors, had yet been taken, and that we extend the heartfelt thanks of the Congress to the Honorable John Hay, Secretary of State, Hon. David J. Hill, Assistant Secretary of State, to the Hon. L. M. Shaw, Secretary of the Treasury, the Hon. Powell Clayton, American Ambassador to the Republic of Mexico, for their kindly and sympathetic action, as well as to the Hon. Elihu Root, Secretary of War, for the loans made from the Army Museum to our collection.

Dr. Charles O. Probst moved that the officers having in charge the publication of the proceedings and of the Bulletin furnish the same to the general medical press of the country; which was carried.

It was moved that the officers who had been elected and who were not present be advised of their election, and that all the officers continue to exercise their duties until the newly elected officers formally accept their election, and enter upon the discharge of their duties, and that the Executive Committee have the power to fill all vacancies occurring by resignation, death or refusal to serve, until a new Executive Committee be duly appointed, and its members shall have entered upon the discharge of their duties and accepted their positions on said committee, and that all of the committees stand as now existing until their successors shall have been duly appointed, accepted their positions and entered upon the discharge of their duties; which was carried unanimously.

Mr. Clark Bell then called attention to the great service rendered by the public press, lay and medical, to the great success which had attended the labors of the Congress, and he moved a vote of thanks of the Congress to the Press of the country for the unusual response it had made to the help of the Congress, which was carried unanimously.

The Congress adjourned sine die, after a vote of thanks to the proprietors of the Hotel Majestic for the complete success of their efforts for the comforts of the Congress, which had entitled them to the thanks of all.

CLARK BELL, Secretary.

TRANSACTIONS.

AMERICAN CONGRESS OF TUBERCULOSIS

IN JOINT SESSION WITH

THE MEDICO-LEGAL SOCIETY

Held at Hotel Majestic, 72d Street and Central Park West,
on June 2d, 3rd and 4th, 1902.

Third Annual Session.

MONDAY, JUNE 2, 1902, 10 A. M.

OPENING SESSION.

In the Chair:

For the American Congress on Tuberculosis, Henry D. Holton, M. D., President, of Brattleboro, Vt., supported by E. T. Barrick, M. D., of Toronto, Vice President.

For the Medico-Legal Society, Clark Bell, Esq., President of New York, supported by Geo. Brown, M. D., of Atlanta, Ga., Vice President of the Congress.

In Joint Session:

Dr. A. N. Bell, of Brooklyn, Honorary President, called the meeting to order and made an address of welcome.

He introduced Clark Bell, Esq., LL. D., President of the Medico-Legal Society and Secretary of the Congress, who made an address of welcome.

Mr. Bell introduced Dr. Henry D. Holton, the President, who made a presidential address.

The chair directed the Secretary to call on the delegates from foreign countries. The Secretary called on delegates from the Dominion of Canada.

Dr. Wm. Oldright, of the Provincial Board of Health of Ontario, delegate from the Provincial Government of Ontario, was called and made a brief response.

Dr. Charles J. Fagan, delegate from the Provincial Government of British Columbia, was called, who did not respond.

Delegates from the Central and South American Republics were called and responses were made by Dr. Juan J. Ulloa, Consul-General from Costa Rica, as a delegate from that country; Dr. Joaquín Yela, Consul-General at New York, who responded for the Government of Guatemala.

The Secretary presented a letter from Dr. Manuel Alonzo Calderon, the Peruvian Minister at Washington, who had been named as a delegate from Peru, expressing profound interest in the work of the Congress and regretted his inability to be present.

The Secretary presented a letter from Hon. Geo. A. Bridgman, American Minister at Bolivia, who had intended to be present, but had been detained at Washington unexpectedly, describing the situation of Bolivia in relation to tuberculosis.

Dr. Louis A. Herrera, Charge de Affairs at Washington, D. C., for the Government of Uruguay and a delegate named by that Government, made an address.

Senor Louis H. Nicolas, Consul-General at New York for Hayti and delegate from that Government to the Congress, made an address.

The delegate from Mexico was called, but did not respond.

On the call of the delegates from the Government of the United States Chief Surgeon and Deputy Surgeon-General Henry L. Lippincott, M. D., of the Brooklyn Navy Yard, responded for the Navy. Capt. Henry D. Snyder, of the same department, delegate named by the Government of the United States, responded for the Army. Dr. Stoner responded for the Marine Hospital Service.

On the call of the States of the American Union, Prof. W. H. Brewer, of New Haven, responded for Connecticut.

Dr. Wm. H. Hancker, Superintendent State Hospital for Insane, responded for Delaware.

Dr. Alex. Mack responded for Georgia.

Dr. Jas. A. Egan, of the State Board of Health, responded for Illinois.

Dr. T. Henry Davis, of Richmond, of the State Board of Health, responded for Indiana.

Dr. H. McBracken, Secretary of State Board of Health, responded for the State of Minnesota.

Dr. J. Wood Fassett responded for the State of Missouri.

Dr. Donald Campbell responded for the State of Montana.

Dr. J. H. Tyndale, responded for the State of Nebraska.

Dr. Irving A. Watson, Secretary State Board of Health, responded for the State of New Hampshire.

Ex-Senator Henry D. Winton responded for the State of New Jersey.

Dr. M. K. Kassabian, M. D., of Philadelphia, responded for the State of Pennsylvania.

Hon. Moritz Ellinger responded for the State of New York.

Dr. Frank Paschal, of San Antonio, of the Board of Health of that city, responded for Texas.

Dr. C. O. Probst, Secretary of the Ohio State Board of Health, responded for that State.

Dr. Jas. L. Nicholson, of North Carolina, responded for that State.

Dr. C. S. Caverly, of Rutland, of the State Board of Health, responded for Vermont.

Surgeon W. C. Braisted, U. S. delegate of the U. S. Navy, responded for the District of Columbia.

Dr. T. L. Barber responded for West Virginia.

The Secretary asked that two secretaries be named as assistant secretaries to aid him in the work of the sessions, and on motion Hon. Moritz Ellinger, of New York, and Dr. C. O. Probst were so appointed.

Letters of regret were read from the President of the United States and the Mayor of the City of New York, regretting their inability to be present and formally open the Congress.

The Secretary read a letter from the Hon. Jacob F. Cantor, President of the Board of Aldermen, expressing regret at his inability to be present and address the Congress, but accepted the invitation for the banquet on the evening of June 3, at Hotel Majestic.

The Secretary announced that both the Governor and Lieutenant-Governor of the State, who had been invited to be present, were absent from the State, the former in California and the latter in Europe and that Hon. Charles V. Fornes, President of the Board of Aldermen, had accepted the invitation of the Congress to be present at the banquet and respond for the City of New York in the place of the Mayor of the city.

Letters of regret were read from General Miles, of the Army, and Admiral Coghlan, of the Navy, the latter stating that he was unable to attend at this morning's session, but accepting the invitation to the banquet.

The Secretary then presented the letters from the Governors of States, some of whom had been printed in the preliminary announcement.

The Secretary presented a large number of letters from Government officials, delegates named by Governors of States and societies and others too voluminous to be read at the session and asked for the pleasure of the Congress. It was moved and carried that the Secretary be empowered and directed to select such as he deemed most important and print the same in the transactions of the Congress.

The chair then declared the Congress duly opened for the transaction of business, and the work as laid out upon the programme was begun.

Mr. Clark Bell moved that the following committee be named on Standing Committee and that they be instructed to consider the following resolution:

Resolved, That besides the Executive Committee, the following standing committees be created to take the charge of the several subjects and to report at the next annual meeting:

- (a) Committee on Preventive Legislation.
- (b) Committee on the Pathology and Bacteriology of Tuberculosis
- (c) The Veterinary Aspects of Tuberculosis.
- (d) Sanatoria.
- (e) Climatology.
- (f) Light and Electricity.
- (g) The Surgery of Tuberculosis.
- (h) Resolutions.
- (i) Ways and Means.
- (k) On Acceptance, Censorship and Revision of Contributions for Publication, and on Publication.
- (l) On the Press.

And report their recommendations to the Congress, viz: Geo. Brown, M. D., chairman, of Alabama; Dr. J. H. Tyndale, of Nebraska; Dr. C. O. Probst, of Ohio; Dr. U. S. Wright, of Missouri; Dr. O. B. Douglass, of New Hampshire; T. D. Crothers, of Connecticut, J. L. Nicholson, of North Carolina, which was seconded and carried unanimously.

On motion the chair was authorized to appoint a committee on nominations of officers. The chair announced that he would name the committee later and called on delegates from each State and country to name men for seats on such committee to the chair.

The chair called attention to the fact that only two members of the Standing Committee on Organization named last year were present at the session, Dr. T. D. Crothers and Moritz Ellinger.

It was moved and carried that the chair name members on the Committee on Organization to act in place of the members named last year who were not in attendance.

It was moved by the Secretary that a Committee on Resolutions be named by the chair for this session.

The Secretary announced that the roll of the Congress would be opened in the Museum under the charge of the chairman of the Museum Committee and of an assistant of the Secretary and requested that delegates sign the roll, giving their home and city addresses, and that delegates who had not enrolled could do so at the Secretary's desk after the morning session.

Members and delegates were requested to hand in their transportation certificates to facilitate the obtaining of return tickets at reduced rates of fare.

Congress took a recess until 2 o'clock p. m.

Two o'clock, P. M., June 2, 1903, Congress re-assembled, same officials in the Chairs.

The Secretary introduced Louis Y. Nicolas, Consul-General of Hayti at New York, as the representative of that country, who responded as follows:

Mr. President and Gentlemen:

In coming here my only purpose was to follow the proceedings of the Congress of Tuberculosis. I had no idea that I would be called upon so unexpectedly to speak to this eminent gathering of the learned doctors of the Americas.

Although the courteous invitation found me wholly unprepared to speak, yet I do not think that I ought to decline the compliment paid to me by the officers of the Congress.

Of course, in accepting the invitation, I rely on the indulgence of the members of the Congress to excuse any mistakes that I may make in speaking in the English language, with which I am not familiar enough to speak without any preparation even in the ordinary course of things.

Will it be out of order to pay a most merited tribute to those who, in the interest of humanity, have called together the prominent doctors of the Americas in order to discuss the causes of that dreadful disease of tuberculosis and to adopt, as a result of this gathering, resolutions which will be recommended to the Government and people to be carried to and observed in every country and home?

I have been hopeful that Hayti would be represented in this Congress by such prominent professors as Dr. Leon Andain, the founder of the Polyclinique Bureau at Port au Prince, and Dr. Borno, who could lay before you the results of their professional observations and experiences.

But unfortunately the sudden and unexpected change of government in Hayti, brought about by the resignation of the President, may have interfered with the obtaining of their credentials from the late administration and consequently prevented them from being present here.

It is for this reason that I decided to avail myself of the personal invitation sent me to attend the sessions of the Congress and come this afternoon to follow its proceedings, so that I can report to my Government the decisions that will be taken by you in order that they may be known and adopted in my country.

It is a highly commendable act of humanity for men to come from all over the States, from Canada and from Central and South America to work in the common interest to find a remedy which will prevent or stop the spreading of the dread disease.

Indeed I consider that your work ought to be encouraged in every country, because it is one for the most disinterested and is undertaken solely for the benefit of medical science and of thousands of

human beings menaced by tuberculosis germs, and for ameliorating the condition of those already afflicted by that disease or trying at least to prolong or save their lives whenever it is possible for their beloved ones.

This question is, I think, on the line of those which ought to be agitated by the medical profession, the press and statesmen until proper legislation can be adopted in every large community. It is not a narrow question, but one which concerns the whole of mankind.

In Hayti the question of adopting a general law of sanitation was agitated last year by a young deputy who presented a bill on the subject for the consideration of the National Congress. I have great hope that it will be taken up this year, and when it is reported there can easily be embodied in it some amendment providing for the precautions necessary to prevent the spreading of tuberculosis.

Professor Leon Andoin, a man of will and great energy, who has gathered around him a great number of the best men of the profession in Hayti, being besides the principal of the Polyclinic bureau the president of the Medical Jury (Board of Health) of the Republic, will, I am sure, receive with the greatest pleasure the recommendations of this Congress and will enlist great numbers of his co-workers to join him in battling against tuberculosis, the invisible and dangerous foe that can unseen and unfelt accompany us to our homes and there insidiously menace our lives until at last its symptoms become, alas, only too apparent.

Mr. President and gentlemen, I thank you for your courteous attention.

Dr. Alexander Mack, chairman of the delegation from Georgia, said:

Mr. President and Gentlemen:

The Governor of Georgia and the President of the Medical Association, realizing the importance of this Congress, and wishing that much good might result to humanity, especially in our State, have appointed a considerable number of medical men to attend this meeting, and I am glad to say that Georgia has the largest delegation of any State or country here represented. Among this number are men of eminence in the medical profession, who are here with carefully prepared papers, and also to take part in the discussions and deliberations of this Congress.

Like the gentlemen who have preceded me, I will not take up much of your valuable time, but will only mention this fact: That where we have a large negro population, who are not quite up to the standard of living of civilized creatures, we have much difficulty in dealing with this question of tuberculosis. It is a fact, that among the negroes, this most dreaded of all diseases is sadly increasing, and I trust that in your deliberations some definite conclusion may be reached on this line.

I will only say in closing that the gentlemen of Georgia will be heard from later.

Remarks by Colonel Lippincott at the Congress in behalf of the United States Navy:

Mr. President, Ladies and Gentlemen:

It becomes my pleasing duty to offer to the foreign representatives a friendly greeting by this Congress. It will not be necessary to assure you either individually or collectively that your presence with us at this time is most desirable, that goes without saying. The great work to be considered here involves the hygienic affairs of every enlightened nation; therefore, your advice, assistance and encouragement are essential. You will find this Congress eager to

learn from your lips the good that may be done by systematic and thoughtful labor, and will take home with you an abiding faith in the cordial welcome that we extend to you.

THE DOMINION OF CANADA.

The following communications, received by the Secretary from the Government of the Provinces of the Dominion of Canada to the Congress, were ordered placed on file.

Government House, Toronto, Nov. 21st, 1901.

Sir.—I have yours of the 18th inst., and accept with much pleasure the appointment of Vice-President of your Association on Tuberculosis. I have the honor to be, sir,

Your obedient servant,

O. MOWAT.

Nov. 27, 1901.

Dear Sir.—I beg to express my appreciation of the honor conferred by your executive in appointing me Honorary Vice-President of the American Congress on Tuberculosis; I may mention, however, that my official term as Lieutenant-Governor will end in a few days from this, and my official influence in the way of legislative action for the promotion of the objects of the Congress will cease.

Very truly yours,

A. R. McCLELLAN.

Victoria, B. C., November 26, 1901.

Sir.—I have the honor to acknowledge the receipt of your letter of the 18th instant, informing me of my appointment to the office of Honorary Vice-President of the American Congress on Tuberculosis, which I have very much pleasure in accepting.

At the same time allow me to thank you very much for the papers you were kind enough to forward me. I have the honour to be, sir,

Your obedient servant,

FERRIS G. JOLY DE LOTBINIERE. Lieut.-Gov.

Government House, Regina, 23d November, 1901.

Dear Sir.—I am directed by His Honour the Lieutenant-Governor of the North West Territories, Canada, to acknowledge the receipt of your letter of the 18th inst., informing him of his appointment as one of the Honorary Vice-Presidents of the American Congress on Tuberculosis; and, in reply, to inform you that His Honour has much pleasure in accepting the office.

Yours obediently,

A. W. J. BOURGET, Private Secretary.

Halifax, N. S., 29th Nov, 1901.

Sir.—I am directed by His Honour, the Lieutenant-Governor, to acknowledge the receipt of yours of the 18th inst., asking him to act as an Honorary Vice-President of the American Congress on Tuberculosis. I am to say that His Honour will be very pleased to act in that capacity, and to further the aims of any such laudable subject. I am,

Yours truly,

J. C. JONES, Major A. M. S.,
Private Secretary.

THE CORRESPONDENCE BETWEEN THE OFFI-
CERS OF THE AMERICAN CONGRESS ON
TUBERCULOSIS AND THE GOV-
ERNMENT OF THE U. S. OF A.

The following is a copy of the letters sent to the Secretary of State and of the Treasury:

1. Letter of Mr. Clark Bell to Secretary Hay, of March 21, 1902.

New York, March 21, 1902.

Sir.—I have the honor to enclose you the announcement and accompanying papers relating to the approaching meeting of the American Congress of Tuberculosis on the 14, 15 and 16 of May, 1902, at the Hotel Majestic in this city.

I also mail you under separate cover the December number of the Medico-Legal Journal, and call your attention to the article on page 607, et seq., as to the subject in the State of the Argentine Republic and our Legation there.

Letters similar to those sent Minister Lord, were sent to our ministers resident in the Central and South American States, and some of these reply that they need some authorization from our State Department showing the sympathy of our Government, with the objects of the meeting and its labors.

We ask the sympathy and encouragement of our Government in promoting the discussions of the questions presented, and which are formulated in the papers sent you.

Eleven Governors of our American States have accepted Honorary Vice-Presidencies in this Congress. The Governor-General of the Dominion of Canada and all but two of the Lieutenant-Governors of the Provinces of that Dominion has accepted a similar distinction.

Admiral Van Reyepen, late Surgeon-General of the Navy, General Russell A. Alger and other men of eminence, have also consented to act as Honorary Vice-Presidents.

Vice-Presidents from every American State and Territory and from many of the Central and South American States have been appointed, and have accepted.

What we have requested of our American Ministers in these countries (except Canada), has been to learn the names and addresses of the men of eminence in both professions, who would be most likely to take an interest in the work of this body.

We trust, Sir, that you may find it consistent with your duty to send to me or to them, a letter expressing the sympathy our Government feels in this work we are doing, and especially when the work done by the Marine Hospital Service of the Treasury Depart-

ment, both in the treatment of our sailors in hospitals, and in the prohibition of immigration of aggravated cases of consumption has made us the foremost nation of the world in measures to prevent the spread of this dread disease. I enclose a copy of a letter I have this day sent to the Secretary of the Treasury, to call your attention to the importance of the questions under discussion. With high regard, I remain Honored Sir,

Ever faithfully yours,

CLARK BELL, Secretary.

2. Letter of Mr. Clark Bell to Secretary Hay, of March 25, 1902.

New York, March 25, 1902.

To the Hon. John Hay, Secretary of State, Washington, D. C.:

Sir.—In addition to the subject matter of my recent note, I desire to submit for your consideration some additional facts:

1. The Governor of the State of Vera Cruz, Mexico, has accepted the distinction of Honorary Vice-President of the Congress and writes as follows:

"I am in hearty sympathy with and fully realize the great value of the work proposed by this organization, and am very much pleased to become identified with it in the manner designated.

"It would give me pleasure to act upon your suggestion to submit for the consideration of the Congress a statistical paper on Xalapa as a health resort, and I shall endeavor to have such a paper prepared for the meeting in May.

"I should also be glad, in case I cannot be present at the meeting, if one or more of the leading physicians of this State could attend, as you suggest.

The appointment of delegates to an International Congress, however, would be made by our Federal Government.

"It is to be hoped that such co-operation will be given to this movement for the better understanding and treatment of tuberculosis, as will effectively arrest the ravages of this dreadful enemy of mankind."

I underscore the sentence, to which it relates, which was in response to my request that he name delegates from his State (Vera Cruz.)

2. Hon. Powell Clayton, our Ambassador at Mexico, writes me in response to my request to furnish me with a list of the names and addresses of men of science in both professions in Mexico, who would be favorable to co-operation in our work, as follows:

See his letter enclosed.

I have received a similar response from another Minister from a Central American State.

I feel confident that the American Government will do all in its power to encourage this body in its labors; but I fear that I ought to have applied to you earlier, as the time necessary to reach the distant States of South America may require more urgent action.

The Argentine Republic is already in close relations with us, owing to the strong support given by our Minister, Governor Lord, of Oregon, whom I know.

You will see by his letter, of which I send you a copy, the International League of the Latin American States against Consumption are at work.

I trust to you, Sir, to cause it to be known to our own Ministers, and to the Ambassadors and Ministers of Central and South American countries that our effort has the sympathy of the Government of the United States.

The Earl of Minto, Governor-General of Canada, has accepted the Honorary Vice-Presidency of this Congress, as have the Lieutenant-Governors of all the Canadian Provinces, but two.

We ask no pecuniary assistance, but that friendly sympathy which will aid in a work so deeply near the lives of our people.

Very faithfully yours,

CLARK BELL, Secretary.

To the Hon. John Hay, Secretary of State, Washington, D. C.

3. Copy of letter of Hon. Powell Clayton, American Ambassador, in the City of Mexico.

American Embassy, Mexico, February 20, 1902.

Clark Bell, Esq., Sec'y American Congress of Tuberculosis, New York City.

Dear Sir.—Replying to your letter of the 3rd instant, I have to say that if you desire my co-operation with the Mexican Government, or good offices in any requests upon it, in behalf of the American Congress of Tuberculosis, it will be necessary for you to apply to the Department of State at Washington, as I cannot take up matters of this kind upon my own volition.

Very respectfully,

POWELL CLAYTON.

The replies of the State Department appear under dates of April 4, 1902, and April 10, 1902, and are quoted in full in the address of welcome of Mr. Clark Bell, at the opening of the Congress on June 2, 1902, and were published on pages 53 and 54, June number Medico-Legal Journal.

The following correspondence was laid before the Congress by Mr. Clark Bell, Secretary, from Porto Rico:

San Juan, P. R., Nov. 26th, 1901.

My dear sir.—In reply to your courteous invitation of November 9th, allow me to say that it will give me great pleasure to accept the position of Vice-President of the Congress for this island.

The following gentlemen would, I think, all be willing to assist in the advancement of the good work you have undertaken, and all of them are really able men with large experience.

Dr. Ricardo Hernandez, San Juan, P. R.

Dr. P. J. Salicrup, Ponce, P. R.

Dr. F. Goenaga, San Juan, P. R.

Dr. A. Stahl, Bayamon, P. R.

Dr. Gastambide, Arecibo, P. R.

Dr. F. Nunez, San Juan, P. R.

With great respect,

Sincerely yours,

WM. FAWCETT SMITH, M. D., Secretary.

THE TREASURY DEPARTMENT.

The following is a copy of the letter sent to the Hon. L. M. Shaw, Secretary of the Treasury, at Washington, D. C.:

New York, March 31, 1902.

Dear Sir.—I enclose the announcement of the annual session of this Congress announced for May 14, 15 and 16, 1902, to open at the Hotel Majestic. Our officers would be glad to have you make a short address at the opening ceremonies on the 14th, of 8 to 10 minutes, in company with a few other distinguished men. The Governor-General of the Dominion of Canada, the Lieutenant-Governor of the Provinces of Canada, and ten or eleven Governors of American States have accepted the Honorary Vice-Presidency, as did Surgeon-General Van Rypens, late of the Navy Department.

Your Department, under the management of Walter Wyman, Surgeon-General of the Marine Hospital Service, has done what seems to me, to be the most important work and service in respect to tuberculosis, both in the care and treatment of the sailors, and in respect to the spread of the disease, that has been done in the world.

The outline and work of that service should be laid before this Congress in a complete and yet condensed form, so that it would go into the Bulletin, and be thus brought to the attention of all Christendom.

If you should request of General Wyman that he do this (than whom no one is better qualified), I believe he would be proud and glad to do so.

He would hardly feel willing to do this vountarily, or even on our application.

The questions arising on the recent regulations of your Department respecting the immigration of consumptives in advanced stages, involve the highest questions of forensic medicine. Upon the question of the dangerous and contagious nature of tuberculosis and its communicability, rests the right and power of your Department to interdict its importation. It is now, as I understand, before the courts, and it should be thoroughly discussed at the coming Congress.

Surgeon-General Wyman writes me that he has prepared a paper on this subject, and given it to the Secretary of the Treasury. I shall address the Congress upon this branch of the case in its legal aspects, and I shall be glad to have it called to the attention of the legal advisers of your Department.

If not inconsistent with your sense of public duty, I should be glad to have you furnish me with a copy of the paper Surgeon-General Wyman has prepared, and such additional information as would aid me in the preparation of my paper in support of the action of your Department.

I should also be glad if you would feel it consistent with your sense of your official duty, to direct or detail Surgeon-General Wyman to have a full resume of the work of the Marine Hospital Service laid before the approaching Congress, not only for the enlightenment of all, as to the grand role the American Government has played in the recent past in this regard, as well as to bringing

the subject to the attention of delegates from all parts of all the countries on this Western Hemisphere; to the splendid results already achieved, and the methods by which that success has been realized. I remain, Sir, with great respect,

Very faithfully yours,

CLARK BELL, Secretary.

Hon. L. M. Shaw, Secretary of the Treasury.
Washington, D. C.

This application resulted in the powerful aid of the Secretary of the Treasury, who advised the officers of the Marine Hospital service of the application. The Surgeon-General of the Marine Hospital Service advised the officers of the Congress that he had detailed two officers of the Marine Hospital Service to represent that branch of the Service of the Government, and to attend the session.

The Surgeon-General of the Army, upon a like application, detailed Capt. Henry D. Snyder, of the Army, as a delegate from the Government, and placed at the disposition of the Museum Committee of the Congress, contributions from the Museum of the Army of the United States, under charge of that officer.

A similar application to the Honorable, the Secretary of the Navy, through Surgeon-General Presley M. Rixie, of the United States Navy, who had accepted the position of Honorary Vice-President of the Congress, resulted in the appointment of Surgeon W. C. Braisted, U. S. Navy, as a delegate to the Congress, representing the Navy of the United States.

The following letter was received from the President of the Republic of Mexico by the officers of the Congress, of which the following is a translation made for the Congress by Dr. J. T. Labadie, of New York:

EXECUTIVE DEPARTMENT, REPUBLIC OF MEXICO.

City of Mexico, May 7, 1902.

Senor Henry D. Holton, President, and the Officers of the American Congress of Tuberculosis, New York.

Esteemed Gentlemen.—In reference to your circular letter of March 21st last, I thank you for the kind invitation you have extended to me to take part in the opening of the Congress of Tuberculosis that will take place in that city on the 14th day of this month, and to send at the same time the greatest number possible of physicians as a scientific contingent of studies in the sessions of the 15th and 16th.

I regret that my official duties prevent me from asking the National Legislature for the necessary permit to leave the country for such a laudable purpose, and I am sorry also that the limit of time, as there are only a few days left, has prevented the nomination of delegates from Mexico who, well prepared, as per your indications, would present their work before such an illustrious assembly.

Under the circumstances which render impossible for us our joint actions in such an important meeting, in the form that otherwise would have been easy, and nevertheless desiring not to abstain from it, on this date and by telegram, Dr. Juan H. Navarro, Consul General of Mexico in that city, is nominated as official representative of this Government. In this way I comply in the only possible manner with your kind invitation, which has all my sympathy, as it has undoubtedly that of the Governments of all the countries where the implacable disease of tuberculosis spreads as the most cruel scourge of humanity.

Let us hope that at the end of the Congress which is opened for such a noble and high purpose, its illustrious members will be able to proceed successfully with the fight they are relentlessly waging. Full success they deserve, not only for their knowledge and science, but also for their earnest endeavors to stamp out one of the worse public calamities that ravage and destroy humanity.

I take this occasion to beg you to believe me sincerely and respectfully yours.

PORPIRIO DIAZ.

The Government of the Northwest Territories of Canada, Department of Agriculture, replies as follows to the communications of the Secretary from Regina, the Capital:

Regina, June 25, 1902.

Sir:

I beg to acknowledge, with thanks, receipt of your letter of the 14th instant, in which you state that various reports and bulletins issued under the auspices of the American Congress of Tuberculosis have been forwarded to this department. These publications have duly come to hand and will be read with great interest.

I have today sent you, under separate cover, a complete set of the annual reports of this department since its inception. I would specially direct your attention to page 149 of the 1901 report, which deals with the subject of Sanitaria for Consumptives in the Northwest Territories, which will doubtless be of interest to you.

I am, sir, your obedient servant,

CHAS. W. PATERSON
Deputy Commissioner.

Clark Bell, Esq., Secretary-Treasurer, American Congress of Tuberculosis, 39 Broadway, New York, N. Y., U. S. A.

Mrs. C. Van D. Chenoweth writes from Worcester, Mass.:

"The Congress of Tuberculosis is exceedingly interesting through the public prints, and I wish I were in attendance at New York. It is dealing with a great work for humanity, and hosts of people are wishing you God-speed from whom you will never hear."

The following letter was received from the office of the American Secretary of State:

Department of State, Washington, June 3, 1902.

Clark Bell, Esquire, Secretary American Congress of Tuberculosis, 39 Broadway, New York:

Sir:

Referring to previous correspondence, I have to inform you that I am advised by the United States Embassy at Mexico City, under date of the 27th ultimo, that the President of Mexico has appointed Dr. Daniel Vergara Lope as a delegate on the part of that Republic to the American Congress of Tuberculosis now sitting in New York. I am, sir,

Your obedient servant,

DAVID J. HILL, Assistant Secretary.

Dr. Daniel V. Lope was in attendance at the Congress and at the banquet.

Dr. Wm. Oldright, of Toronto, delegate from the Provincial Board of Health of Toronto, was next called upon, and responded for Ontario as follows:

Mr. President and Gentlemen:

I thank you very much on behalf of the Province of Ontario for the welcome you have accorded us this day. I trust you will not consider me actuated to an undue degree by a feeling of national egotism if I refer to the auspicious coincidence of this opening day of a Congress devoted to the benefitting of mankind with the announcement of the re-establishment of peace in the British Empire amongst the people of South Africa. I know that you will sympathize with those who rejoice that this lamentable struggle is at an end. At a later session your attention will be drawn to some of the work being done in Ontario in combatting tuberculosis and I will not detain you longer than to thank you for your kindly greeting.

FOREIGN DELEGATES TO THE AMERICAN CONGRESS OF TUBERCULOSIS.

The Secretary reported that Honorable Powell Clayton, the American Ambassador at Mexico, had called the attention of the officers of the American Congress of Tuberculosis to the propriety of asking the recognition, sympathy and aid of the Government of the United States to the aims and purposes of the Congress by instructions to our own representatives abroad, and to the American Republics upon both the American Continents of the Western Hemisphere, stating that without advices from our Government, American representatives would not feel free to lend their full aid to the movement. Similar advice was given by the American representatives in other countries, and Foreign Ministers resident in Washington, also felt some restraint as to how far the Government of the United States was interested in, and in sympathy with the efforts this body was making to arrest and prevent the spread of the terrible disease.

The Secretary of the American Congress of Tuberculosis laid the subject before the American Government and asked for such an expression of its sympathy and co-operation as would not only remove these objections, but enlist the active co-operation of the Governments of the Republics of Mexico, Central and South America, and of our representatives abroad, whose co-operation we had sought and which had been extended by the American Minister in the Argentine Republic, Hon. Wm. P. Lord, with the results made apparent in the last number of this Journal, of gaining the co-operation of the *Ligua Argentina Contra Tuberculosis*, a body working in the Latin-American States with whom we are in perfect sympathy and accord, and which organization we hope would be represented on the floor of the American Congress of Tuberculosis.

Dr. Emilio H. Coni is the President of the International Permanent Commission for the prevention of Tuberculosis in Latin America, which has been formed to combat tuberculosis and prevent its spread in the Latin-American Republics in the Western Hemisphere on both continents of North and South America, an organization that is accomplishing a great work with purposes akin to the aims of this body.

The action of the American Government is of the most gratifying character.

The following letter from the office of the Honorable, the Secretary of State, shows that the warmest sympathy exists in our Government for the success of the efforts of the Congress, and we hope will result in each country being represented by delegates named by the Governments:

Department of State, Washington.

April 4, 1902.

Clark Bell, Esq., Secretary American Congress of Tuberculosis, 39 Broadway, New York City.

Sir.—I have to acknowledge the receipt of your letters of the 25th and 28th ultimo, in regard to the session of the American Congress of Tuberculosis, which is to be held at the Majestic Hotel in New York City in May next.

In compliance with the request which you make, the Ambassador to Mexico, and the Ministers to the Central and South American States, have been instructed to express to those Governments the pleasure with which that of the United States would learn that they found it convenient to be represented in the Congress. I am Sir,

Your obedient servant,

DAVID J. HILL,
Assistant Secretary."

As a result Dr. Emilio H. Coni, of Buenos Ayres, in the Argentine Republic, has accepted the position of Honorary Vice President of the American Congress of Tuberculosis, and Dr. Samuel Gache, Dr. Francisco de Veyga, have accepted the positions of Vice Presidents of the Congress for that Republic.

At the session of 1901 of the American Congress of Tuberculosis the Government of Guatemala was represented by Dr. Joaquin Yela, the Consul General of Guatemala, who presented credentials from that Government. Honduras,

Ecuador and Nicaragua were duly represented by Dr. Luis Debayle, who presented credentials from the Governments of those countries, and who was made one of the Vice Presidents of the body.

Mexico was represented by Dr. Eduoard Liceaga, President of the supreme Board of Health, who presented a paper that is published in the Bulletin of that Congress, and the Republic of Colombia was represented by Dr. J. A. Fortich, of Cartagena; both Dr. Liceaga and Dr. Fortich were elected Vice Presidents of the Congress of 1901, and now hold that position.

The Government of the Dominion of Canada and the Provincial Governments of that Dominion had early, and with great energy, announced the deepest interest and solicitude in the subject.

His Excellency, the Earl of Minto, Governor General of the Dominion, had presided at the convention from all parts of Canada, which had as result organized "The Canadian Society for the Prevention of Consumption."

He consented to accept an Honorary Presidency in it, and the Lieutenant-Governors of the Provinces with scarcely an exception, had accepted the position of Vice Presidents therein.

In the American Congress of 1902 the sympathy and co-operation of the leading men in the Dominion was warm and outspoken, and Dr. E. P. Lachapelle, of the Provincial Board of Health of Quebec; Dr. Peter H. Bryce, of the Provincial Board of Health of Ontario; Dr. E. T. Barrick, of Toronto; and Dr. Wm. Bayard enrolled and accepted prominent official positions in this organization.

The Governor General, his Excellency the Earl of Minto, accepted the position of Honorary Vice President of this Congress from that Dominion, as did Dr. F. Montizambert, Director of the Public Board of Health of that country.

The Lieutenant-Governors of the several Provinces, with scarcely an exception, also accepted the same distinction.

Hon. Henry G. Joly de Lotbiniere, of British Columbia; Hon. Sir Oliver Mowatt, G. C. M. G., Lieut.-Governor of Ontario; Hon. A. Forget, Lieutenant-Governor of the Northwest Territories; the Hon. A. C. Jones, Lieutenant-Governor of Nova Scotia, and Prof. J. G. Adami, one of the highest, if not the highest leading authority on our side the Atlantic, accepted the Honorary Vice Presidency of the body.

His Excellency, the Earl of Minto, has advised the Secretary that the delegates who will represent the Dominion of Canada will shortly be announced, as soon as they are selected, and has forwarded his portrait for reproduction, which appears in this number of the Journal, as does that of Sir Oliver Mowatt, Prof. Dr. Moritz Benedikt, of Vienna, who contributes an open letter to the American Congress of Tuberculosis, which will be read before the body and is an extended article; also Dr. Coni, of the Argentine Republic, and a large number of Governors and other officials who have accepted Vice Presidencies in the Congress.

The Secretary of the American Congress of Tuberculosis applied to the State Department requesting that similar action be taken by our Government in respect to the Dominion of Canada and that of New Foundland, to that already announced with the Latin American Republics in the Western Hemisphere, and the following letter has been received from the American Government, and the delay in the issue of the Journal enables us to announce it in the current number.

Department of State, Washington.

April 10, 1902:

Clark Bell, Esq., Secretary and Treasurer American Congress of Tuberculosis, 39 Broadway, New York City.

Sir:—I have to acknowledge the receipt of your letter of the 5th instant and to inform you that in compliance with the request therein made, the British Ambassador has been asked to make known to the Governments of Canada and Newfoundland the value which the American Congress of Tuberculosis sets upon representation by those Governments at the forthcoming session of the Congress at New York City in May next, and the hope of this Government that they may find it to their interest to be represented by delegates. I am, Sir,

Your obedient servant,

DAVID J. HILL,
Assistant Secretary.

DELEGATES NAMED BY GOVERNORS.

The Secretary reported that the following delegates had been named by the Governors of American States:

ARIZONA.

By Hon. N. O. Murphy, Governor of the Territory of Arizona, and Honorary Vice President of the American Congress of Tuberculosis, for Arizona:

Dr. D. J. Brannen, Flagstaff, Arizona.	Dr. Mark A. Rodgers, Tucson, Arizona.
Dr. R. W. Craig, Phoenix, Arizona.	Dr. Henry H. Stone, Phoenix, Arizona.
Dr. Thomas B. Davis, Prescott, Arizona.	Dr. M. M. Walker, Clifton, Arizona.
Dr. William Duffield, Phoenix, Arizona.	Dr. John R. Walls, Prescott, Arizona.
Dr. Hiram W. Fenner, Tucson, Arizona.	Dr. William V. Whitmore, Tucson, Arizona.
Dr. Ancil Martin, Phoenix, Arizona.	

CONNECTICUT.

By Hon. Geo. P. McLean, Governor of Connecticut:

Hon. Jas. P. Bree, New Haven, Conn.	Dr. E. K. Root, Hartford, Conn.
Prof. Wm. H. Brewer, New Haven, Conn.	Dr. Gould A. Sheldon, Shelton, Conn.
Dr. C. A. Lindsley, New Haven, Conn.	Dr. Henry L. Swain, New Haven, Conn.
Dr. Elias Pratt, Torrington, Conn.	Dr. N. E. Worin, Prospect, Conn.

GEORGIA.

By Hon. Allen D. Candler, Governor of Georgia:

Dr. George Brown, Atlanta, Ga.	Dr. T. V. Hubbard, Atlanta, Ga.
Dr. M. F. Carson, Griffin, Ga.	Dr. Alexander Mack, Hawkinsville, Ga.
Dr. J. D. Chason, Bainbridge, Ga.	Dr. T. M. McIntosh, Thomasville, Ga.
Dr. R. L. Dozier, Milledgeville, Ga.	Dr. R. L. McLeod, Lyons, Ga.
Dr. R. L. Fox, Mt. Vernon, Ga.	Dr. C. T. Nolan, Marietta, Ga.
Dr. H. L. Gill, Columbus, Ga.	Dr. E. C. Ripley, Barnesville, Ga.
Dr. J. A. Quinn, Conyers, Ga.	Dr. J. B. Rudolph, Gainesville, Ga.
Dr. L. P. Hammond, Rome, Ga.	Dr. J. L. Walker, Waycross, Ga.
Dr. W. G. Hardman, Harmony Grove, Ga.	Dr. Franklin Wallace, Cordele, Ga.

ILLINOIS.

By Hon. Richard Yates, Governor of Illinois:

Dr. J. A. Baughman, Neoga, Ill.	Dr. J. R. Kippax, 3154 Indiana Av., Chicago
Dr. E. J. Brown, Decatur, Ill.	Dr. Julius Kohl, Belleville, Ill.
Dr. J. V. Capel, Harrisburg, Ill.	Dr. J. B. Maxwell, Mount Carmel, Ill.
Dr. E. P. Cook, Mendota, Ill.	Dr. T. J. Pitner, Jacksonville, Ill.
Dr. N. S. Davis, Jr., 65 Randolph St., Chicago	Dr. E. M. Reading, 103 State St., Chicago.
Dr. H. C. Fairbrother, East St. Louis, Ill.	Dr. John S. Robinson, 297 Ashland Boulevard, Chicago, Ill.
Dr. E. Fletcher Ingals, 34 Wash'n St., Chicago	Dr. S. C. Stanton, Venetian Bldg., Chicago
Dr. H. V. Halbert, 70 State St., Chicago.	Dr. E. W. Weis, Ottawa, Ill.

IDAHO.

By Frank W. Hunt, Governor of Idaho, and Honorary Vice President of the American Congress of Tuberculosis, for Idaho:

Dr. D. P. Albee, Oakley, Idaho.	Dr. D'Orr Poynter, Montpeller, Idaho.
Dr. George Collister, Boise, Idaho.	Dr. J. J. Pulse, Denver, Idaho.
Dr. J. L. Conant, Jr., Genesee, Idaho.	Dr. H. Schmalhausen, Harrison, Idaho.
Dr. J. K. Dubois, Boise, Idaho.	Dr. Wm. F. Smith, Mountain Home.
Dr. J. W. Givens, Blackfoot, Idaho.	Dr. W. D. Springer, Boise, Idaho.
Dr. William R. Hamilton, Silver City, Idaho.	Dr. O. B. Steely, Pocatello, Idaho.
Dr. T. R. Mason, Wardner, Idaho.	Dr. C. S. Stone, Wallace, Idaho.
Dr. F. P. Matchette, Wardner, Idaho.	Dr. R. T. Story, Albion, Idaho.
Dr. L. P. McCalla, Boise, Idaho.	Dr. G. M. Waterhouse, Weiser, Idaho.
Dr. W. Newell, Idaho City, Idaho.	Dr. W. C. Whitwell, Salmon City, Idaho.
Dr. R. L. Nourse, Halley, Idaho.	Dr. J. M. Woodburn, Rexburg, Idaho.
Dr. J. J. Plumer, Halley, Idaho.	

IOWA.

Delegates named by the Governor of Iowa :

Dr. C. B. Adams, Estherville, Iowa.	Dr. E. E. Dorr, Des Moines, Iowa.
Dr. R. P. Berry, Clermont, Iowa.	Dr. J. M. Emmert, Atlantic, Iowa.
Dr. H. H. Clark, McGregor, Iowa.	Dr. W. J. Eyloff, Mason City, Iowa.
Dr. R. E. Coniff, Sioux City, Iowa.	Dr. J. I. Gibson, Denison, Iowa.

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| Dr. J. R. Guthrie,
Dubuque, Iowa. | Dr. L. W. Littig,
Iowa City, Iowa. |
| Dr. W. E. Harriman,
Ames, Iowa. | Dr. W. S. H. Matthews,
Des Moines, Iowa. |
| Dr. A. J. Hobson,
Hampton, Iowa. | Dr. D. McCrae,
Council Bluffs, Iowa. |
| Dr. C. F. Kellogg,
Clinton, Iowa. | Dr. George P. Nell,
Fort Madison, Iowa. |
| Dr. W. S. Lessenger,
Mount Pleasant, Iowa. | Dr. A. B. Poore,
Cedar Rapids, Iowa. |
| Dr. J. W. Lauder,
Afton, Iowa. | Dr. E. Porterfield,
Indianola, Iowa. |
| Dr. A. M. Linn,
Des Moines, Iowa. | Dr. F. W. Porterfield,
Atlantic, Iowa. |
| Dr. F. H. Little,
Muscatine, Iowa. | Dr. C. H. Preston,
Davenport, Iowa. |

KANSAS.

By Hon. W. E. Stanley, Governor of Kansas:

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| Dr. B. J. Alexander,
Hiawatha, Kan. | Dr. G. E. Locke,
Holton, Kan. |
| Dr. H. L. Alkire,
Topeka, Kan. | Dr. Charles Lowry,
Topeka, Kan. |
| Dr. D. P. Cook,
Clay Center, Kan. | Dr. C. A. Milton,
Dodge City, Kan. |
| Dr. S. J. Crumbine,
Dodge City, Kan. | Dr. J. M. Minnick,
Wichita, Kan. |
| Dr. J. B. Dykes,
Lebanon, Kan. | Dr. R. J. Morton,
Green, Kan. |
| Dr. A. S. Gish,
Abilene, Kan. | Dr. E. B. Packer,
Osage City, Kan. |
| Dr. F. P. Hatfield,
Grenola, Kan. | Dr. H. W. Roby,
Topeka, Kan. |
| Dr. G. W. Hollenbeck,
Cimarron, Kan. | Dr. W. S. Swan,
Topeka, Kan. |
| Dr. G. F. Johnston,
Lakin, Kan. | Dr. S. W. Williston,
Lawrence, Kan. |
| Dr. O. F. Lewis,
Hepler, Kan. | |

KENTUCKY.

By the Hon. J. C. W. Beckham, Governor of Kentucky:

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| Dr. C. Z. Aud,
Cecilia, Ky. | Dr. J. H. Lackey,
Canton, Ky. |
| Dr. David Barrow,
Lexington, Ky. | Dr. J. D. Neet,
Versailles, Ky. |
| Dr. Steele Bailey,
Stanford, Ky. | Dr. G. M. Reddish,
Somerset, Ky. |
| Dr. J. C. S. Brice,
Flemingsburg, Ky. | Dr. W. W. Richmond,
Clinton, Ky. |
| Dr. A. G. Blincoe,
Bardstown, Ky. | Dr. W. R. Thompson,
Mount Sterling, Ky. |
| Dr. Frank Beard,
Shelbyville, Ky. | Dr. Frank C. Wilson,
Louisville, Ky. |
| Dr. John F. Jesse,
Waddy, Ky. | |

MAINE.

Hon. John F. Hill, Governor of Maine, has appointed as delegates to the American Congress of Tuberculosis the following physicians:

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| Dr. L. A. Dascomb,
Skowhegan, Maine. | Dr. L. G. Purinton,
Yarmouth, Maine. |
| Dr. R. L. Grindle,
Mt. Desert, Maine. | Dr. John L. M. Willis,
Ellot, Maine. |
| Dr. James O. McCarrison,
North Berwick, Maine. | Dr. Albert Woodside,
49 Middle St., Rockland |
| Dr. H. B. Palmer,
Farmington, Maine. | |

MINNESOTA.

By Hon. S. R. Van Sant, Governor:

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| Dr. John W. Bell,
Minneapolis, Minn. | Dr. Chas. W. Hunter,
Minneapolis, Minn. |
| Dr. H. M. Bracken,
St. Paul, Minn. | Dr. Justus Ohage,
St. Paul, Minn. |
| Dr. James L. Camp,
Brainerd, Minn. | Dr. H. Longstreet Taylor,
St. Paul, Minn. |
| Dr. James H. Dunn,
Minneapolis, Minn. | Dr. George J. Tweedy,
Winona, Minn. |
| Dr. Edward D. Keyes,
Winona, Minn. | Dr. George S. Wattam,
Warren, Minn. |
| Dr. Ecklund,
Duluth, Minn. | |

MISSOURI.

Governor A. M. Dockery, of Missouri, under April 21, 1902, appointed the following delegates to the American Congress of Tuberculosis:

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| Dr. A. C. Bernays,
St. Louis, Mo. | Dr. S. A. Johnson,
Springfield, Mo. |
| Dr. Reuben Barney,
Chillicothe, Mo. | Dr. F. L. Keith,
Farmington, Mo. |
| Dr. L. W. Cotton,
Piedmont, Mo. | Dr. Frank J. Lutz,
St. Louis, Mo. |
| Dr. R. H. Cordier,
Hannibal, Mo. | Dr. A. B. Miller,
Macon, Mo. |
| Dr. I. N. Enloe,
Jefferson City, Mo. | Dr. J. J. Norwine,
Poplar Bluff, Mo. |
| Dr. C. Woods Fassett,
St. Joseph, Mo. | Dr. C. H. Rigg,
Middletown, Mo. |
| Dr. E. H. Gregory,
St. Louis, Mo. | Dr. W. E. Shelton,
Appleton City, Mo. |
| Dr. J. D. Griffith,
Kansas City, Mo. | Dr. G. P. True,
Aurora, Mo. |
| Dr. L. T. Hall,
Potosi, Mo. | Dr. Herman Tuholske,
St. Louis, Mo. |
| Dr. George W. Harris,
Holden, Mo. | Dr. R. L. Wills,
Neosho, Mo. |
| Dr. B. Hughes,
Keytesville, Mo. | Dr. N. B. Woolsey,
Braymer, Mo. |
| Dr. R. L. Hamilton,
Richmond, Mo. | Dr. U. S. Wright,
Fayette, Mo. |
| Dr. Jabez N. Jackson,
Kansas City, Mo. | |

MONTANA.

By Hon. Jos. K. Toole, Governor of Montana, and Honorary Vice President of the American Congress of Tuberculosis, for Montana:

Dr. R. B. Alton,
Livingston, Montana.
Dr. J. B. Atchison,
Lewiston, Montana.
Dr. J. J. Buckley,
Missoula, Montana.
Dr. D. L. Carmichael,
Helena, Montana.
Dr. C. M. Chambliss,
Missoula, Montana.
Dr. Ernest Crutcher,
Great Falls, Montana.
Dr. J. H. Featherston,
Missoula, Montana.
Dr. I. D. Freund,
Butte, Montana.
Dr. R. W. Getty,
Phillipsburg, Montana.
Dr. J. L. Johnston,
Butte, Montana.
Dr. S. G. Leard,
Livingston, Montana.
Dr. J. L. Leiser,
Helena, Montana.
Dr. Oliver Leiser,
Anaconda, Montana.
Dr. A. F. Longeway,
Great Falls, Montana.
Dr. James L. Jones,
Dillon, Montana.
Dr. M. A. Miller,
Dillon, Montana.

Dr. H. O. Miller,
Dillon, Montana.
Dr. W. P. Mills,
Missoula, Montana.
Dr. S. W. Minshall,
Missoula, Montana.
Dr. I. J. Murray,
Butte, Montana.
Dr. George T. McCullough,
Missoula, Montana.
Dr. F. W. McCrimmon,
Butte, Montana.
Dr. J. P. McKay,
Big Timber, Montana.
Dr. Charles A. Perrin,
Helena, Montana.
Dr. W. L. Renick,
Butte, Montana.
Dr. J. M. Sligh,
Anaconda, Montana.
Dr. J. F. Spelman,
Anaconda, Montana.
Dr. Fred. Treacy,
Lewiston, Montana.
Dr. J. A. Tremblay,
Big Timber, Montana.
Dr. Asa M. Willard,
Dillon, Montana.
Dr. E. M. Willson,
Twin Bridges, Mont.

NEBRASKA.

By the Hon. E. P. Savage, of Nebraska:

Dr. W. O. Bridges,
Omaha, Neb.
Dr. R. E. Giffin,
Lincoln, Neb.
Dr. H. T. Holden,
Norfolk, Neb.
Dr. J. M. Keyes,
Omaha, Neb.
Dr. W. F. Milroy,
Omaha, Neb.

Dr. A. W. Robinson,
Beatrice, Neb.
Dr. A. B. Somers,
Omaha, Neb.
Dr. Joseph Scroggs,
Lincoln, Neb.
Dr. F. F. Teale,
Omaha, Neb.
Dr. Julius H. Tyndale,
Lincoln, Neb.

NEW HAMPSHIRE.

Gov. Jordan, of New Hampshire, has appointed as delegates to the American Congress of Tuberculosis:

Dr. Henry T. Fontaine,
Concord, N. H.
Dr. O. B. Douglas,
Concord, N. H.
Dr. C. R. Gibson,
Whitefield, N. H.

Dr. Gardner C. Hill,
Keene, N. H.
Dr. W. O. Junkins,
Portsmouth, N. H.
Dr. W. H. Lyons,
Portsmouth, N. H.

Dr. Henry Marble,
Gorham, N. H.
Dr. W. H. Pattee,
Manchester, N. H.

Dr. George D. Towne,
Manchester, N. H.
Dr. I. A. Watson,
Concord, N. H.

NEW JERSEY.

By Hon. Franklin Murphy, Governor:

Dr. Britton D. Evans,
Morris Plains, N. J.
Mr. John L. Hoffman,
Newark, N. J.
Mr. Francis B. Lee,
Trenton, N. J.

Dr. E. J. Marsh,
Paterson, N. J.
Dr. Henry Mitchell,
Asbury Park, N. J.
Hon. D. H. Winton,
Hackensack, N. J.

NORTH CAROLINA.

Hon. Charles B. Aycock, the Governor of North Carolina, has accepted the position of Honorary Vice President, and has named the following delegates, and says he may name others later:

Dr. W. L. Dunn,
Asheville, N. C.
Dr. Albert Anderson,
Wilson, N. C.
Dr. W. T. Pate,
Gibson, N. C.
Dr. S. W. Battle,
Asheville, N. C.
Dr. R. H. Lewis,
Raleigh, N. C.

Dr. J. L. Nicholson,
Richlands, N. C.
Dr. J. F. Miller,
Goldsboro, N. C.
Dr. James McKee,
Raleigh, N. C.
Dr. P. L. Murphy,
Morganton, N. C.

NEW MEXICO.

Hon. Miguel A. Otero, the Governor, is an Honorary Vice President of the American Congress of Tuberculosis. He is by profession a physician, and he takes an unusual interest in the aims, objects and work of the Congress. In his report as Governor of the Territory made September 14, 1901, for the fiscal year ending June 30, 1901, which is one of the most painstaking and carefully prepared reports that has been submitted in recent years to the Government, he contributed an article upon the Climatology of New Mexico, its general climatic conditions and its importance as a location for Sanitariums for the sufferers from pulmonary disorders, which is of the greatest possible value.

In his report he also gives some comparative climatic data between Santa Fe and the other principal cities of the United States, and it is in this report that the work of the General Hospital at Fort Bayard, in charge of Major D. M. Appel, is

made, as well as the report of Surgeon F. M. Carrington, in charge of the Marine Hospital at Fort Stanton, for the year ending June 30, 1901, which has excited so much interest throughout the whole world.

Governor Otero has named twenty-three delegates and has given to each power of substitution. They are as follows:

Major D. M. Appel, Surgeon U. S. A., Fort Bayard,	Dr. J. F. McConnell, Las Cruces, N. M.
Dr. R. L. Bradley, Roswell, N. M.	Dr. M. R. McGrory, San Marcial, N. M.
Dr. George C. Bryan, Alamogordo, N. M.	Dr. A. R. Smith, Carlsbad, N. M.
Dr. F. M. Carrington, Fort Stanton, N. M.	Dr. S. D. Swope, Deming, N. M.
Dr. E. G. Condit, Aztec, N. M.	Dr. E. B. Shaw, East Las Vegas, N. M.
Dr. P. G. Cornish, Albuquerque, N. M.	Dr. H. M. Smith, East Las Vegas, N. M.
Dr. J. M. Cunningham, East Las Vegas, N. M.	Dr. J. J. Shuler, Raton, N. M.
Dr. D. A. Clark, Silver City, N. M.	Dr. J. H. Sloan, Santa Fe, N. M.
Dr. G. G. Duncan, Socorro, N. M.	Dr. W. R. Tipton, East Las Vegas, N. M.
Dr. R. C. Dryden, Capitan, N. M.	Dr. E. L. Woods, Silver City, N. M.
W. G. Hope, Albuquerque, N. M.	Dr. J. H. Wroth, Albuquerque, N. M.
Dr. O. C. McEwen, Farmington, N. M.	

PENNSYLVANIA.

The Hon. William A. Stone, Governor of Pennsylvania, under date of April 25, 1902, appointed the following named persons to be delegates from Pennsylvania to the American Congress of Tuberculosis:

Dr. Wm. B. Atkinson, Philadelphia, Pa.	Dr. Benj. Lee, Sec'y, Philadelphia, Pa.
Hon. Samuel T. Davis, Lancaster, Pa.	Dr. George B. Miller, Philadelphia, Pa.
Dr. Judson Deland, Philadelphia, Pa.	Hon. Joseph Murphy, Philadelphia, Pa.
Dr. Lawrence F. Frick, Philadelphia, Pa.	Dr. I. A. Ritchie, Oil City, Pa.
Crosby Gray, Esq., Pittsburg, Pa.	Dr. J. T. Rothrock, Harrisburg, Pa.
Dr. Morris S. Guth, Warren, Pa.	Dr. W. G. Taylor, Columbia, Pa.
Dr. Mihran K. Kassabian, Philadelphia, Pa.	Mrs. Louise Thomas, Tacony, Phila., Pa.
Dr. Spencer C. Kinney, Easton, Pa.	Dr. J. C. Wilson, Philadelphia, Pa.
Dr. J. W. C. O'Neil, Gettysburg, Pa.	

SOUTH DAKOTA.

By Hon. Charles N. Herreid, Governor:

Dr. C. B. Alford, Huron, S. Dak.	Dr. R. H. Goodrich, Chamberlain, S. Dak.
Dr. L. F. Babcock, Deadwood, S. Dak.	Dr. O. N. Hoyt, Pierre, S. Dak.
Dr. E. L. Brown, Parkston, S. Dak.	Dr. H. A. Peabody, Webster, S. Dak.
Dr. A. E. Clough, Madison, S. Dak.	Dr. A. J. Rock, Aberdeen, S. Dak.
Dr. A. H. Daniels, Mitchell, S. Dak.	Dr. D. W. Rudders, Yankton, S. D.
Dr. F. G. Gilbert, Rapid City, S. Dak.	Dr. R. E. Woodworth, Sioux Falls, S. Dak.

TEXAS.

By Hon. Joseph E. Sayers, Governor of Texas, and Honorary Vice President of the American Congress of Tuberculosis, for the State of Texas:

Dr. W. H. Allen, Marlin, Texas.	Dr. J. P. Sessions, Rockdale, Texas.
Dr. J. C. Ellis, Denison,	Dr. M. M. Smith, Austin, Texas.
Dr. J. M. Inge, Denton, Texas.	Dr. T. H. Stallcup, Jefferson, Texas.
Dr. F. Paschal, San Antonio, Texas.	Dr. A. H. West, Galveston, Texas.

UTAH.

By Hon. Heber M. Wells, Governor:

Dr. H. A. Adamson, Richmond, Utah.	Dr. J. C. E. King, Salt Lake City, Utah.
Dr. S. H. Allen, Provo, Utah.	Dr. R. T. Richards, Salt Lake City, Utah.
Dr. H. A. Anderson, Salt Lake City, Utah.	Dr. John F. Sharp, Salt Lake City, Utah.
Dr. G. W. Baker, Ogden, Utah.	Dr. Frank B. Steele, Nephi, Utah.
Dr. T. B. Beatty, Salt Lake City, Utah.	Col. Willard Young, Salt Lake City, Utah.
Dr. A. C. Behle, Salt Lake City, Utah.	

VIRGINIA.

Hon. A. J. Montague, Governor of Virginia, has appointed the following named gentlemen delegates to the American Congress of Tuberculosis:

Dr. Lewis C. Bosher, Richmond, Va.	Dr. William F. Drewry, Petersburg, Va.
Dr. E. T. Brady, Abingdon, Va.	Dr. S. George, Danville, Va.
Dr. Lehigh Buckner, Roanoke, Va.	Dr. William Hoskins, Newport News, Va.

Dr. W. P. Matthews,
Manchester, Va.
Dr. LeRoy T. Nash,
Norfolk, Va.
Dr. Hugh McGuire,
Alexandria, Va.

Dr. A. S. Rixey,
Culpeper, Va.
Dr. Alexander Terrell,
Lynchburg, Va.
Dr. J. F. Ward,
Winchester, Va.

VERMONT.

By Hon. Wm. W. Stickney, Governor of Vermont, and
Honorary Vice President of the American Congress of
Tuberculosis, for Vermont:

Dr. Charles S. Caverly,
Rutland, Vt.
Dr. Truman R. Stiles,
St. Johnsbury, Vt.
Dr. H. Edwin Lewis,
Burlington, Vt.
Dr. Don D. Grout,
Waterbury, Vt.
Dr. William N. Platt,
Shoreham, Vt.

Dr. William N. Bryant,
Ludlow, Vt.
Dr. C. W. Peck,
Brandon, Vt.
Dr. J. W. Copeland,
Lyndonville, Vt.
Dr. L. W. Hubbard,
Lyndon, Vt.
Dr. Edwin M. Brown,
Shelton, Vt.

WEST VIRGINIA.

Hon. A. B. White, the Governor of West Virginia, has
named the following delegates from West Virginia:

Dr. Hugh A. Barbee,
Point Pleasant, W. Va.
Dr. T. L. Barber,
Charleston, W. Va.
Dr. H. M. Brown,
Union, W. Va.
Dr. John W. Brown,
Wheeling, W. Va.
Dr. H. J. Campbell,
Glenwood, W. Va.
Dr. O. O. Cooper,
Hinton, W. Va.
Dr. William A. Cracraft,
Elmgrove, W. Va.
Dr. Frank T. Dare,
Wellsburg, W. Va.
Dr. N. L. Edwards,
Bluefield, W. Va.
Dr. C. S. Ford,
Wheeling, W. Va.
Dr. W. W. Golden,
Elkins, W. Va.
Dr. H. F. Gamble,
Charleston, W. Va.
Dr. A. S. Grimm,
St. Mary's, W. Va.
Dr. H. D. Hatfield,
Thacker, W. Va.
Dr. I. N. Houston,
Moundsville, W. Va.
Dr. Louise Jarvis,
Quiet Dale, W. Va.

Dr. S. L. Jepson,
Wheeling, W. Va.
Dr. Elbin J. Johnson,
Middlebourne, W. Va.
Dr. J. P. Johnson,
Wellsburg, W. Va.
Dr. W. S. Keever,
Parkersburg, W. Va.
Dr. G. W. Knapp,
Richlands, W. Va.
Dr. William M. Late,
Bridgeport, W. Va.
Dr. S. B. Lawson,
Logan, W. Va.
Dr. John Ligon,
Clover Lick, W. Va.
Dr. George Lounsberry,
Charleston, W. Va.
Dr. Robert L. Morrison,
Clarksburg, W. Va.
Dr. C. L. Muhleman,
Parkersburg, W. Va.
Dr. J. M. McLoughlin,
Addison, W. Va.
Dr. R. M. J. McGuffin,
Sewell, W. Va.
Dr. Jessie C. Norris,
Fairmont, W. Va.
Dr. D. R. Coale Price,
May Buary, W. Va.
Dr. Jos. L. Pyle,
Bearsville, W. Va.

Dr. Charles W. Riggs,
Cameron, W. Va.
Dr. W. Bolling Robertson,
Concho, W. Va.
Dr. I. R. Le Sage,
Huntington, W. Va.
Dr. W. H. Sands,
Fairmont, W. Va.
Dr. Herbert E. Sloan,
Clarksburg, W. Va.
Dr. Clifford Sperow,
Martinsburg, W. Va.
Dr. H. B. Stout,
Parkersburg, W. Va.
Dr. C. F. Ulrich,
Wheeling, W. Va.

Dr. Steptoe A. Washington,
Sewell, W. Va.
Dr. J. Y. Wharton,
Ceredo, W. Va.
Dr. G. R. White,
Williamson, W. Va.
Dr. Waitman T. Willey,
Morgantown, W. Va.
Dr. Zepha R. Wilson,
Pennsboro, W. Va.
Dr. John M. Yeager,
Marlinton, W. Va.
Dr. H. H. Young,
Charleston, W. Va.

WYOMING.

The Hon. De Forest Richards, Governor of Wyoming, has appointed the following physicians of the State as delegates to the American Congress of Tuberculosis:

Dr. H. M. Bennett,
Cheyenne, Wy.
Dr. C. Dana Carter,
Basin, Wy.
Dr. M. Jesurun,
Douglas, Wy.

Dr. R. Harvey Reed,
Rock Springs, Wy.
Dr. H. L. Stevens,
Laramie, Wy.
Dr. F. S. Riser,
Rawlins, Wy.

DELEGATES NAMED BY STATE MEDICAL SOCIETIES.

CONNECTICUT.

The following Delegates from the State Medical Society of Connecticut have been appointed:

Dr. Chas. C. Beach, 53 Trumbull St., Hartford.	Dr. Julian La Pierre, Norwich.
Dr. J. B. McCook, 390 Main St., Hartford.	Dr. G. L. Peter, 372 State St., Bridgeport.
Dr. E. P. Swasey, New Britain.	Dr. Robert Lander, 330 Fairfield Ave., Bridgeport.
Dr. O. Osborne, 252 York St., New Haven.	Dr. F. B. Powers, 906 Lafayette St., Bridgeport.
Dr. S. D. Gilbert, 27 Wall St., New Haven.	Dr. Eli P. Flint, Rockville.
Dr. C. E. Munger, Waterbury.	Dr. J. F. Grannis, Saybrook.
Dr. R. W. Kimball, Norwich.	Dr. C. B. Graves, New London.
Dr. G. A. Sheton, Shelton.	Dr. N. E. Woodin, 274 Fairfield Ave., Bridgeport.
Dr. W. H. Donaldson, Fairfield.	Dr. H. L. Hainmond, Killingly.
Dr. G. W. May, Williamantic.	Dr. F. S. Smith, Chester.
Dr. W. E. Fisher, Middletown.	Dr. C. B. Newton, Stafford Springs.
Dr. C. P. Alton, 86 Farmington Ave., Hartford.	Dr. W. G. Murphy, E. Hartford.
Dr. P. T. Simpson, 122 High St., Hartford.	Dr. S. W. Irving, New Britain.
Dr. G. J. Holmes, New Britain.	Dr. F. W. Wright, 48 Pearl St. New Haven.
Dr. C. E. Munjer, Waterbury.	Dr. J. S. Ely, 51 Trumbull St., New Haven.
Dr. W. G. Paggett, 189 Church, New Haven.	Dr. R. W. Kimball, Norwich.
Dr. J. W. Leaver, 25 Lynwood, New Haven.	Dr. C. Brown, Panbury.
Dr. F. N. Louis, Puby.	

FLORIDA.

The President of the State Medical Society of Florida has appointed the following delegates:

Dr. T. S. Anderson, Live Oak, Florida.	Dr. E. F. Bruce, Pensacola, Florida.
Dr. Warren E. Anderson, Pensacola, Florida.	Dr. Louis de M. Blocker, Pensacola, Florida.

Dr. Frank Caldwell,
Tampa, Florida.
Dr. R. P. Daniel,
Jacksonville, Florida.
Dr. J. H. Durkee,
Jacksonville, Florida.
Dr. J. D. Fernandez,
Jacksonville, Florida.
Dr. R. L. Harris,
Orlando, Florida.
Dr. J. Harrison Hodges,
Gainesville, Florida.
Dr. J. L. Horsey,
Fernandia, Florida.
Dr. W. L. Hughlett,
Cocoa, Florida.

Dr. A. L. Izler,
Ocala, Florida.
Dr. E. N. Liell,
Jacksonville, Florida.
Dr. Jos. Y. Porter,
Key West, Florida.
Dr. H. L. Simpson,
Pensacola, Florida.
Dr. C. B. Sweeting,
Key West, Florida.
Dr. DeWitt Webb,
St. Augustine, Florida.
Dr. L. W. Weeden,
Tampa, Florida.
Dr. S. G. Worley,
St. Augustine, Florida.

GEORGIA.

Dr. Charles Hicks, of Dublin, Ga., President of the Medical Association of Georgia, has appointed the following delegates to represent that body at the American Congress of Tuberculosis which meets in New York, June 2, 3 and 4:

Dr. J. R. Burdette,
Tennille, Ga.
Dr. A. M. Clarke,
Macon, Ga.
Dr. T. E. Ortel,
Augusta, Ga.
Dr. J. A. Crowther,
Savannah, Ga.
Dr. A. A. Davidson,
Augusta, Ga.
Dr. W. H. Elliott,
Savannah, Ga.
Dr. W. B. Emory,
Atlanta, Ga.
Dr. A. L. Fowler,
Atlanta, Ga.
Dr. Joseph B. Graham,
Savannah, Ga.
Dr. Geo. L. Harman,
Savannah, Ga.
Dr. J. D. Harmon,
Eastman, Ga.
Dr. E. A. Harris,
Midville, Ga.
Dr. R. H. Hightower,
Dublin, Ga.
Dr. M. B. Hutchins,
Atlanta, Ga.

Dr. J. Clarence Johnson,
Atlanta, Ga.
Dr. W. S. Kendrick,
Atlanta, Ga.
Dr. Ralston Latimore,
Savannah, Ga.
Dr. Jas. B. Morgan,
Augusta, Ga.
Dr. H. B. McMaster,
Waynesboro, Ga.
Dr. H. McHatton,
Macon, Ga.
Dr. Jno. McJenkins,
Toccoa, Ga.
Dr. Chas. D. McRae,
Rochelle, Ga.
Dr. W. W. Owens,
Savannah, Ga.
Dr. C. H. Peete,
Macon, Ga.
Dr. E. H. Richardson,
Atlanta, Ga.
Dr. A. M. Rountree,
Adrian, Ga.
Dr. Alfred B. Simmons,
Savannah, Ga.
Dr. Fred. Williams,
Montezuma, Ga.

INDIANA.

Dr. B. F. Fortner,
Vinita.
Dr. M. F. Williams,
Muskogee.
Dr. R. M. Counterman,
Eufaula.
Dr. V. Berry Wetumka.

Dr. W. E. Crowder,
South Canadian.
Dr. J. S. Fulton,
Atoka.
Dr. W. A. Haley,
Durant.
Dr. R. I. Bond,
Hartsboro.

Dr. C. A. McBride,
Wagoner.
Dr. C. H. Davis,
Checotah.
Dr. E. N. Allen,
South McAlester.
Dr. Hensley,
Oakmulgee.

Dr. L. Tennen.,
McAlester.
Dr. LeRoy Long,
Caddo.
Dr. F. E. Warterfield,
Holdenville.

MICHIGAN.

The following Members of Michigan State Medical Society have been named as Delegates:

C. T. McClintock,
Detroit.
H. J. Hartz,
Detroit.
Heneage Gibbs,
Detroit.
P. M. Hickey,
Detroit.
E. L. Shurly,
Detroit.
C. G. Jennings,
Detroit.
S. G. Miner,
Detroit.
H. M. King,
Grand Rapids.
C. H. Johnston,
Grand Rapids.
J. B. Briswold,
Grand Rapids.

A. W. Alvord,
Battle Creek.
D. B. Harrison,
Sault Ste. Marie.
W. E. Chapman,
Chebogan.
J. C. Wilson,
Flint.
H. B. Baker,
Lansing.
W. H. Sawyer,
Hillsdale.
N. R. Williams,
Jackson.
V. C. vaughan,
Ann Arbor.
L. W. Bliss,
Saginaw.
Hugh McCall,
Lapeer.

VERMONT.

F. E. Clark,
Burlington.
B. H. Stone,
Burlington.
M. J. Wiltse,
Burlington.
M. R. Crain,
Rutland.
E. M. Pond,
Rutland.
C. W. Strokell,
Rutland.
C. E. Allen,
Swanton.
Dean Richmond,
Windsor.
J. Henry Jackson,
Windsor.
W. D. Reed,
Barre.

J. H. Hamilton,
Richford.
E. W. Shipman,
Vergennes.
E. H. Martin,
Middlebury.
A. S. M. Chisholm,
Bennington.
Geo. R. Anderson,
Brattleboro.
W. F. Hazelton,
Bellows Falls.
H. C. Ide,
St. Johnsbury.
A. B. Bisbee,
Montpelier.
J. N. Jenne,
St. Albans.
W. D. Huntington,
Rochester.

MISSOURI.

Delegates named by the Missouri State Medical Association :

Dr. G. D. Allee,
Olean, Mo.
Dr. G. W. Browne,
St. Louis, Mo.

Dr. J. H. Cadwallader,
St. Louis, Mo.
Dr. Charles Wood Fassett,
St. Joseph, Mo.

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| Dr. W. A. Ferguson,
Sedalia, Mo. | Dr. M. P. Septon,
Kansas City, Mo. |
| Dr. R. M. Funkhousen,
St. Louis, Mo. | Dr. Robert Sloan,
Kansas City, Mo. |
| Dr. D. C. Gou,
Marshall, Mo. | Dr. Turner,
Canton, Mo. |
| Dr. J. N. Jackson,
Kansas City, Mo. | Dr. C. H. Wallace,
St. Joseph, Mo. |
| Dr. A. B. Miller,
Macon, Mo. | Dr. Wallis,
Centralla, Mo. |
| Dr. Hutch Miller,
Liberty, Mo. | Dr. J. F. Welch,
Salisbury, Mo. |
| Dr. W. G. Moore,
St. Louis, Mo. | Dr. B. A. Wilks,
St. Louis, Mo. |
| Dr. J. C. Rogers,
Kansas City, Mo. | Dr. U. S. Wright,
Fayette, Mo. |

MISCELLANEOUS.

AMERICAN PUBLIC HEALTH ASSOCIATION.

- | | |
|---|---|
| Dr. Michael Beshoar,
Trinidad, Colo. | J. M. McCormick,
Bowling Green, Ky. |
| Wm. Thomas Dalby, M. D.,
Salt Lake City, Utah. | Eliza M. Mosher, M. D.,
Ann Arbor, Mich. |
| Crosby Gray, Esq.,
Pittsburg, Pa. | Robert D. Murray, M. D.,
Key West, Fla. |
| Richard H. Lewis,
Raleigh, N. C. | S. R. Town, M. D.,
Omaha, Neb. |
| L. H. Buxton, M. D.,
Oklahoma City. | C. P. Wilkinson, M. D.,
New Orleans, La. |
| Harold C. Ernst, M. D.,
Harvard. | |

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS.

- | | |
|---|---|
| Dr. Paul Thomdike,
224 Marlborough St.,
Boston, Mass. | Dr. Wm. K. Otis,
5 West 50th St.,
New York City. |
| Dr. W. T. Belfield,
622 Opera House Building,
Chicago, Ill. | Dr. O. Horwitz,
1721 Walnut St.,
Philadelphia, Pa. |
| Dr. James Bell,
873 Dorchester St.,
Montreal, Can. | Dr. John Van Der Poel,
36 West 39th St.,
New York City. |

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

- | | |
|--|--|
| Dr. I. N. Love,
New York City. | Dr. Arnold Jolly,
Hamsburg, Ia. |
| Dr. J. A. Witherspoon,
Nashville, Tenn. | Dr. A. E. King,
Blockton, Ia. |
| Dr. T. D. Crothers,
Hartford, Conn. | Dr. Donald Macrae,
Council Bluff, Ia. |
| Dr. C. H. Hughes,
St. Louis, Mo. | Dr. A. S. von Mansfeld,
Ashland, Neb. |
| Dr. C. H. Christie,
Omaha, Neb. | Dr. Geo. Nash,
Maryville, Mo. |
| Dr. R. E. Conniff,
Sioux City, Ia. | Dr. F. E. Sampson,
Creston, Ia. |
| Dr. J. M. Emmert,
Atlantic City, Ia. | Dr. V. L. Treynor,
Council Bluff, Ia. |
| Dr. M. L. Hildreth,
Lyons, Neb. | Dr. Jacob Gelger,
St. Joseph, Mo. |

Delegates from the Onedia County Medical Society:

Dr. Geo. Seymour,
Utica, N. Y.
Dr. Thos. P. Scully,
Rome, N. Y.
Dr. Wm. Gibson,
Utica, N. Y.

Dr. W. E. Ford,
Utica, N. Y.
Dr. A. J. Browne,
Utica, N. Y.

Delegates representing the Brooklyn Home for Consumptives:

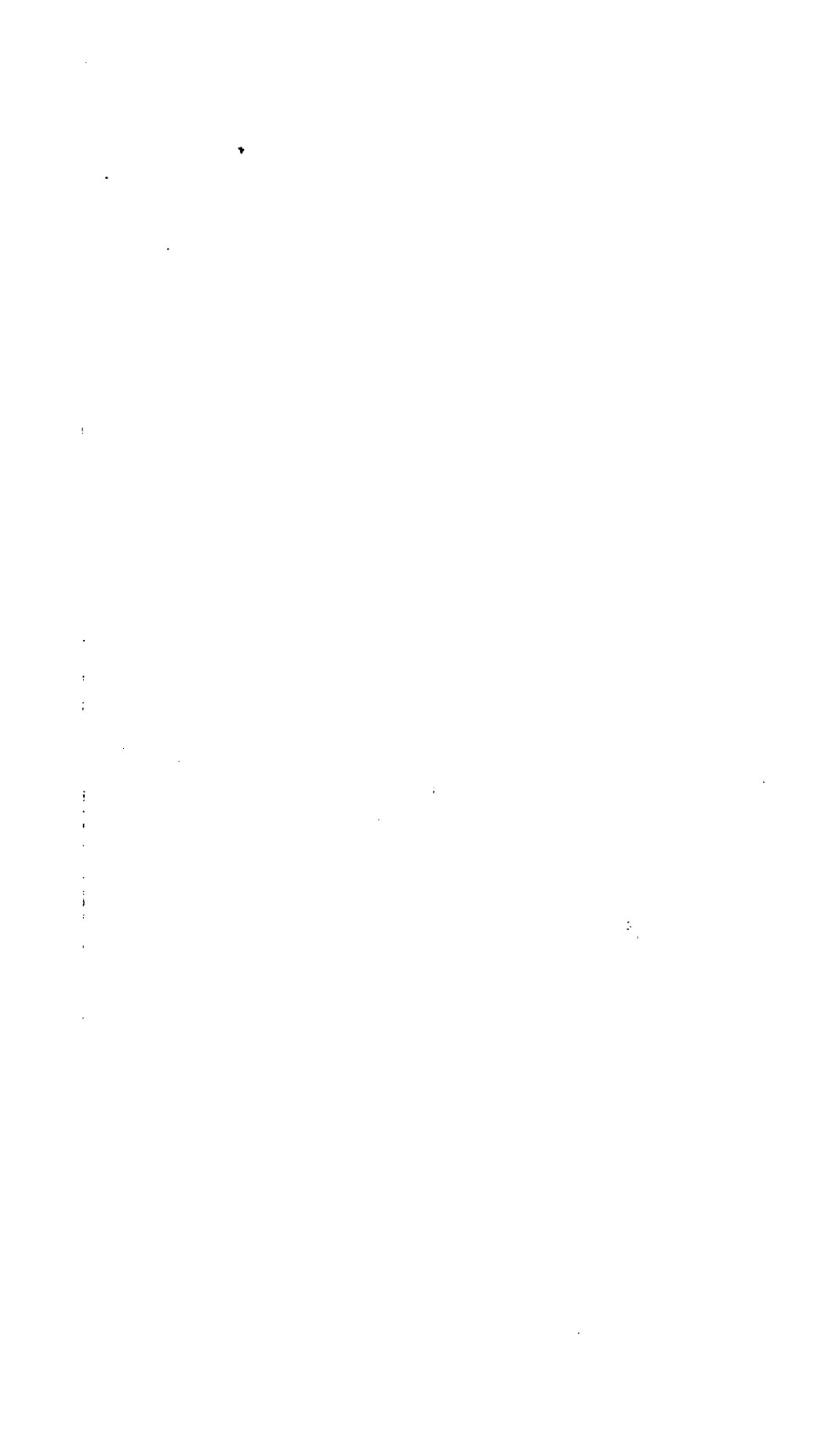
Emmet D. Page,
304 Washington Av.
Thomas C. Craig,
187 Washington Park.

Herbert C. Allen,
304 Clermont Av.
W. S. Rink,
168 McDonough St.

Delegates from the State Medical Society of Wisconsin:

M. S. Hosmer,
Ashland, Wis.
D. R. Freeman,
Colby, Wis.
L. R. Head,
Madison, Wis.
C. M. Gould,
West Superior, Wis.
Frank S. Wiley,
Fond du Lac, Wis.
S. R. Moyer,
Monroe, Wis.
Carl R. Feld,
Watertown, Wis.
J. A. Ballard,
La Crosse, Wis.
Wm. H. Washburn,
Milwaukee, Wis.
J. S. Reeve,
Appleton, Wis.

Ben. C. Brett,
Green Bay, Wis.
J. J. Howard,
Columbia, Wis.
H. B. Sears,
Beaver Dam, Wis.
D. W. Day,
Eau Claire, Wis.
L. G. Armstrong,
Boscobel, Wis.
M. N. Dodson,
Berlin, Wis.
Gustav Winderheim,
Kenosha, Wis.
H. Schaper,
Kiel, Wis.
Warren B. Hill,
Milwaukee, Wis..
George M. Steele,
Oshkosh, Wis..





CLARK BELL, ESQ.,
PRESIDENT MEDICO-LEGAL CONGRESS.

ADDRESS ON THE OPENING OF THE AMERICAN
CONGRESS OF TUBERCULOSIS AND OF
WELCOME TO THE DELEGATES.

BY A. N. BRILL, M. D.,
Honorary President.

Your record in relation with the purpose of this Congress and your presence as the chosen representatives by executive authority, or of scientific organizations interested in the same purpose, from every section of this country, and many from neighboring countries, precludes the need of any explanatory intentions.

It is within the recollection of some of us that about fifty years ago Minnesota was the Mecca par excellence of consumptives, or of those predisposed to it in this country, and, indeed, much resorted to by those alike affected from foreign countries. Time and increase of population have so nearly dissipated the thought of such favorable conditions that Minnesota has ceased to be mentioned as a favorable resort. Meanwhile Minnesota has been supplanted by Colorado, but since the repeated demonstrations during the last decade that the atmosphere of high altitudes is no less congenial to the cultivation of tubercle bacilli than that of sea levels, and the increase of population in Colorado, the fame of that State as a specially beneficial resort for consumptives is rapidly falling to the same level as Minnesota. New Mexico is now in the ascendency. That region is, in its relation to tubercular subjects pretty much as Colorado was thirty years ago, and Minnesota thirty years earlier, as yet but sparsely populated and most of the people now there, especially the consumptives, are under particularly favorable regimen—the auspices of the Army and Marine Hospital Service Sanatoria, and for the while, tubercle bacilli are in abatement; but, nevertheless, like the indubitable house fly, sufficiently manifest to show their universal companionship with man. Tubercle bacilli are, in-

deed, everywhere, as they seem to have been always, an antagonizing force to man, against which it is his privilege and power to contend.

It is not the nature of mankind that such an enemy to his race, should continue to be broadcast, or even to exist anywhere within the scope of his power of intellectual development to contend against it. How the privileges and powers with which we are endowed, may be most effectually exercised against tubercle bacilli is the question to this Congress. Its field of view, as represented by your presence and the scope of your points of attack, as indicated by your record, is co-extensive with the human race. It demands the uttermost energy of intellectual resources and physical force against the most deadly foe of mankind.

I welcome you to the City of New York, and have no doubt your labors will be most valuable to the success of the hopes and aspirations of this Congress.

It becomes my most agreeable duty to introduce to you the President of the Medico-Legal Society of New York, Mr. Clark Bell, of this city, under the auspices of which Society this Congress was organized and has been successfully planted, and meets with us to-day in co-operation.

Mr. Clark Bell is also the Secretary of the Congress, and we are indebted to him in the main, for the labor that has brought us together, and for the papers and discussions which are about to be presented.

It is also largely due to Mr. Bell's energy and forethought that the sympathetic action of the government of the United States has been lent to our endeavor, resulting in so large an interest in other countries.

ADDRESS OF WELCOME.

BY CLARK BELL, ESQ., LL. D.,
President of the Medico-Legal Society.

To the members of the American Congress of Tuberculosis and the Delegates, who have been named as the Representatives of Foreign Governments, situated on the Western Hemisphere, and dwelling upon the continents of North and South America, whether representing the Latin American Republics on our continent, or in South America, or the subjects of His Majesty King Edward VII of England at the North, it becomes a very pleasant and agreeable duty to welcome you here in the chief and metropolitan city of the American people.

To that large and imposing array of eminent names that have been selected by so large a number of the Governors of the States of the American Union; to those men who have been named as delegates by the State Medical Societies and other bodies in our country; I take a peculiar pleasure in the name of the Medico-Legal Society, which I have the honor to represent; to meet you in this place and at this hour, to co-operate with our best efforts in this most important struggle which may well be called A Legal Struggle With Tuberculosis.

I repeat here what I had the honor to state in my inaugural address as president of the body I represent some sentences pertinent to this occasion and this hour.

"THE LEGAL STRUGGLE WITH TUBERCULOSIS.

Since the organization of the Medico-Legal Society, indeed since the beginning of the last century, no such momentous question in forensic medicine, has ever been presented to the general judgment and verdict of the professions of law and of medicine, as the one with which now all the civilized nations of the world are confronted, and are grappling, in the question of legislation for its prevention, and to arrest its

spread. How far can the ravages of consumption be arrested by legislation? Can any legal enactments or regulations sanctioned by law, arrest its devastating march upon, and its terrible destruction of human life?

It is the most momentous question of the hour, and last year our best effort was in inaugurating, organizing and rallying all the forces at our command upon this supreme question of medical jurisprudence.

THE AMERICAN CONGRESS OF TUBERCULOSIS.

While there had been an attempt to enlist the medical profession in the issue, in 1900, the labors of this society were initial and tentative, and only originated as a question of forensic medicine, which did not so deeply interest medical men outside the Medico-Legal Society, as it should have done; but the session of the American Congress of 1901, at the Hotel Majestic, on May 15th and 16th, 1901, was indeed splendidly successful in the organization of, and the real inauguration of a superb movement, international in scope and purpose, and based on the co-operation of not only the American States of our American Union, but on every State, province and country in the United States of America, in Mexico and in the South and Central American Republics and in the Dominion of Canada."

This meeting is the fruit of great labor, to interest and arouse a public sentiment in every portion of our country, and in every country on the Western American Continents in this great struggle.

A glance at the programme of this Congress and of the list of men holding high official positions in our own and all these countries, who have united with it, and their letters will show the deep interest everywhere felt in the success of the labors with which this body has charged itself.

It has resolved itself into a campaign of education, not only of the masses of the people of all these countries, but of both the legal and medical professions in the great problems presented in the conflict that is impending.

I wish to avail myself of this moment in behalf of this body, to thank the government of the United States for that praiseworthy action in sympathy with our efforts, which it has so promptly and cheerfully given, in complying with our request,

and that its sympathy has been made manifest to those governments we sought to interest in our endeavors.

I deem it one of the most gratifying features of our labor and I desire to place on the record of this body, the letters of the State Department of the American government—and to express to the American Secretary of State the great pleasure which the action of the government of the United States of America has aroused in our officials boards.

The action of the American Government has been of the most gratifying character.

The following letter from the office of the Honorable, the Secretary of State, shows that the warmest sympathy exists in our Government for the success of the efforts of the Congress, and we hope will result in each country being represented by delegates named by the Governments:

Department of State, Washington.

April 4, 1902.

Clark Bell, Esq., Secretary American Congress of Tuberculosis, 39 Broadway, New York City.

Sir.—I have to acknowledge the receipt of your letters of the 25th and 28th ultimo, in regard to the session of the American Congress of Tuberculosis, which is to be held at the Majestic Hotel in New York City in May next.

In compliance with the request which you make, the Ambassador to Mexico, and the Ministers to the Central and South American States, have been instructed to express to those Governments the pleasure with which that of the United States would learn that they found it convenient to be represented in the Congress. I am Sir,

Your obedient servant,

DAVID J. HILL,
Assistant Secretary."

The Secretary of the American Congress of Tuberculosis applied to the State Department requesting that similar action be taken by our Government in respect to the Dominion of Canada and that of New Foundland, to that already announced with the Latin American Republics in the Western Hemisphere, and the following letter has been received from the American Government, and the delay in the issue of the Journal enables us to announce it in the current number.

Department of State, Washington.

April 10, 1902.

Clark Bell, Esq., Secretary and Treasurer American Congress of Tuberculosis, 39 Broadway, New York City.

Sir.—I have to acknowledge the receipt of your letter of the 5th instant and to inform you that in compliance with the request therein made, the British Ambassador has been asked to make known to the Governments of Canada and Newfoundland the value which the American Congress of

Tuberculosis sets upon representation by those Governments at the forthcoming session of the Congress at New York City in May next, and the hope of this Government that they may find it to their interest to be represented by delegates. I am, Sir,

Your obedient servant,

DAVID J. HILL,
Assistant Secretary.

The dates of these letters and the great distances, some of the South American Countries are from us, left the time far too short to communicate with and receive replies in time for even our adjourned session.

The government and people of the Dominion of Canada were fully aroused to the necessity of action, and the Canadian members of our body have been among the most active and zealous of the officers of this Congress during the work of the past year.

It becomes one of the most agreeable duties with which I am charged to introduce to you the president of this body, chosen at its last meeting, a gentleman of high position and prominence in the medical profession in our country, one who has served for years as Secretary of the State Board of Health of his State, and who since his election as our president has been elected President of the American Public Health Association, who will now pronounce his presidential address, Dr. Henry D. Holton, of Brattleboro, Vermont.

PRESIDENTIAL ADDRESS.

BY HENRY D. HOLTON, A. M., M. D.,
Before the American Congress of Tuberculosis, June 2, 1902.

It is estimated that one-seventh of the world's population die from tuberculosis every year, and that in this country, including its insular possessions, there are upwards of half a million persons suffering from tuberculosis. Of these cases 400,000 will ultimately terminate in death. Were we engaged in war with any country, necessitating our putting into the field half a million of soldiers, of which four-fifths of them should perish in a period of two or three years from contagious diseases, the press and the whole people would deplore this loss of life and demand of those in authority that efficient means be taken to prevent so great a calamity.

The number of persons dying in Germany from consumption during the time of the Franco-Prussian war was twice as large as the mortality from the casualties of the war.

We are here to take council and formulate such measures as seem best calculated to stay the devastating progress of this "White Plague." It is well settled that the disease is propagated by the bacillus tuberculosis, a vegetable germ. In order that this germ may live and flourish it must find suitable soil upon which to rest, and where it can be free from antagonistic elements which would encompass its destruction. The great source of these infective germs undoubtedly is from the expectoration of those persons who are suffering from the disease. Of the probable other sources, meat and dairy products are to be considered. Smith, Koch and some others hold to the opinion that it is not proven that the bovine bacillus can infect the human; it is to be noticed that they do not say that it is impossible. The fact is well established that man has been accidentally inoculated with bovine tuberculosis bacillus. However, it is properly claimed that this is different from natural infection; it does, however, con-

clusively demonstrate to my mind that the bovine bacillus is pathogenic to the human. Eminent bacteriologists claim that morphologically they are not the same. Lartigan and Ravenel have both demonstrated that there is a marked difference in the appearance of the tubercle bacilli found in different tubercular affections of the human body. Chaveau, using material from cases of acute military tuberculosis in men, prepared in the form of an emulsion and fed to calves, demonstrated that human bacilli tuberculosis were possessed of sufficient virulence to produce the disease in them, and when injected subcutaneously it caused local tubercular disturbance; hence he claims that they are practically identical.

Prof. Behring in his forthcoming book on tuberculosis in cattle, details the result of six years' investigations at Marburg, where he was assisted by Drs. Ruppel and Roemer. He affirms that tuberculosis in man and cattle is propagated by identical bacilli, and that the seeming differences between human and bovine bacilli result from the capacity of the bacilli to accommodate themselves to the organism in which they live. He reaches the conclusion that, chemically and physiologically, tubercle in man and cattle are of the same species. He has successfully infected cattle with virus from human beings, producing fatal tuberculosis. He has discovered a method to render cattle immune against tuberculosis by vaccinating cattle when they are young. This he declares to be his greatest discovery. The method is in use on farms at Marburg.

This leads to the question, what effect environment may have upon this vegetable germ? It is well known that other vegetable seeds germinating under different conditions of air, soil, humidity heat, in fact very dissimilar environments, produce almost a different variety, or at least a very much changed product. Giving due consideration to this fact, is it not a proper conclusion that the observed differences in the bovine and human bacillus may be owing to this change in environment. The difference in virulence has been claimed as another evidence that bovine and human bacilli are distinct varieties and we know that other pathogenic bacilli vary in virulence under practically the same conditions.

Many have claimed that unless the udder of the cow was tuberculous there could not possibly be any danger from the

use of the milk and its products. The report made in 1895 on "The infectiousness of milk from tuberculous cows with no lesion of the udder," by Prof. Harold C. Ernst, for the Trustees of the Massachusetts Society for promoting Agriculture, seems to have been overlooked. After giving a detailed report of each examination he sums up the result as follows:

"There were 121 examinations of milk and cream made, the specimens coming from thirty-six different animals. The bacilli of tuberculosis were found in one or more cover-glasses upon nineteen different occasions.

"These nineteen positive results were obtained from twelve different animals, and the bacilli were found in about equal proportion in the milk and the cream; they were seen more than once in milk from the same cow, at different examinations, six times.

"The bacilli were actually seen, therefore, in specimens from one-third (33 per cent) of the animals examined.

"That these animals were actually affected with tuberculosis, and that the udder was free from disease, was proven in all possible cases by careful post-mortem examinations. These were conducted upon twenty out of thirty-six animals and the notes of that examination are given."

A series of experiments were made by Dr. Ernst to ascertain if it were possible to communicate tubercular disease by the use of milk from cows affected with tuberculosis, yet having healthy udders. These experiments were conducted under as careful precautions as could be devised, first injecting their milk subcutaneously in other animals; second by feeding healthy calves positively free from tuberculosis, with the milk of cows having the disease, but who had healthy udders. The result of these experiments showed that the disease was communicated both by inoculation and by using the milk as food. In addition to these experiments, reports of clinical cases where the disease had been traced to the use of milk as food were obtained by a circular sent to both physicians and veterinarians with the result that out of about one thousand replies nearly six per cent reported having seen cases suspected to have resulted from this cause. These reports were made in 1890, when the fact that the disease was the result of a specific germ was only partially appreciated. It

may be said that these clinical reports are of small value as they are only opinions, not actually verified in a thoroughly scientific way by those reporting them.

As a result of these carefully made tests, Prof. Ernst draws the following conclusions:

"1. While the transmission of tuberculosis by milk is probably not the most important means by which the disease is propagated, it is something to be guarded against most carefully.

"2. The possibility of milk from tuberculous udders containing the infectious element is undeniable.

"3. With the evidence here presented it is equally undeniable that milk from diseased cows with no appreciable lesion of the udder may, and not infrequently does, contain the bacillus of the disease.

"4. Therefore, all such milk should be condemned for food."

It has been asserted that inoculation with bovine bacillus will produce the disease in other animal species; this is corroborated by the reported cases of accidental inoculation of humans by bovine bacillus as reported by Ravenel and others. Again we find the disease communicated by the use of milk, containing the bacillus used as food for other species of animals; evidently the experimenter did not feel at liberty to try the experiment of feeding humans with milk containing the germs of tuberculosis, but numerous cases have been reported where persons have used for food, milk from cows found to have been affected with these bacilli and have developed tuberculosis, from which they have died.

Dr. Jacobi, of this city, in a recent article calls attention to the following reported cases:

"A boy of five months was perfectly healthy while at the breast of his mother. Then he was fed on raw cow's milk and suffered from emaciation, diarrhoea and anorexia. He died after two months. There was tuberculosis of the intestines and of the mesenteric glands; all other organs were normal. The cow that furnished the milk died suddenly two months afterwards. She had pulmonary and pleural tuberculosis; the udders were intact."

"Four children suffering with intestinal tuberculosis had no hereditary predisposition, but had been fed with the raw milk of tuberculous cows."

"In a boarding school thirteen girls contracted tuberculous; six of them died, several perished of primary intestinal tuberculosis. The milk furnished came from a tuberculous cow with badly infected udders."

"He received for examination the thoracic and abdominal viscera of a cow that had enjoyed the reputation of being the finest cow on the farm until she emaciated rapidly and died. Her milk was selected by the farmer, on account of her splendid condition, for his own infant. This child commenced to pine away and died of miliary cerebral tuberculosis at the age of two and one-half years."

In connection with the experiments of Dr. Ernst it is interesting to note that of nineteen calves dropped by these tuberculous cows with healthy udders, all being killed within six days after birth, not one showed any evidence of tuberculosis, although a most careful examination was made with special reference to this point. This would seem to be strong evidence that the disease was not transmitted from mother to offspring. The consensus of opinion seems to be that the bacillus of tuberculosis is not transmitted from parent to child as syphilis may be. There are, however, certain inherited conditions which predispose the child to tuberculosis; viz.: nervous temperament, resulting in a relaxed mucous membrane, easily abraded, which affords a particularly good nidus for the bacillus to lodge and develop; want of proper nervous supply to the assimilating organs whereby the blood is impoverished resulting in sluggish gland secretion, deficient in power to destroy these vegetable germs, when they find their way into the system; narrow chests, which allow the mucósea of the lungs to be more quiet and prevent proper aeration of the blood. Quite as powerful agents are the various acquired conditions which predispose the person to give place to and afford the desired resting place for the seeds of this dread disease.

Among some of the most active predisposing causes are intemperance, insufficient clothing, living in filthy, damp localities, overcrowding, improper or insufficient food; in fact all the various conditions which tend to reduce the vitality of the individual, thus rendering them more susceptible when the tubercular bacilli come their way. Considering that so many persons are born with or have acquired nervous system and mucous surfaces ready to aid in developing the tu-

bercular bacilli, the presence everywhere of sputum containing myriads of these germs, their presence in various food products, it is well for us to inquire why any have escaped this scourge. First, many of these germs are undoubtedly destroyed by sunlight while those that survive and find their way, by inhalation into the air passages or with food into the alimentary canal, are met by secretions of various glands which act as germicides, destroying a large portion of them. In many individuals the remainder do not find a proper lodgment, hence are thrown off without having infected their host. With this brief resume of the principal sources by which tuberculosis is communicated to human beings, we come face to face with the problem which we have gathered to consider and which I trust we shall contribute in some degree to solve, to wit: What means shall be adopted to prevent this continual infection of the human family?

First, I believe as all important, is the education of the masses in better methods of living and this must be insisted upon as the foundation upon which to rear the fabric of prevention. They must be made to fully appreciate the necessity of clean, well ventilated homes, with perfect hygienic surroundings; to have plain properly cooked food, to avoid all excesses, particularly alcoholic, in fact to avoid everything that tends to reduce vitality. Especially, care must be used by those who contract the disease in disposing of their expectorate matter. We must recognize the fact that in the large towns and cities the dwellers in those portions known as tenement house districts, cannot regulate their surroundings, therefore, influences must be brought to bear upon owners of such property to build and keep them in such sanitary condition as local health authorities may require. If they do not do this then legal enactments should be secured giving health boards the power to compel compliance with such sanitary requirements. We must insist that all tenement houses shall be so constructed as to give each room plenty of sunshine and fresh air and make sure that they are not overcrowded.

It is our duty to impress the laity with the truth that in damp and low undrained localities as well as in crowded cities, the germs of this disease particularly abound.

Second, We believe that having taught the communicability of this "plague" by means of germs found in the secre-

tions of those suffering with it, compulsory notification should be insisted upon. The head of the family, the patient or the medical attendant should be held to as strict accountability to report a case of pulmonary tuberculosis as of any other communicable disease, not for the purpose of quarantine, but that the patient, family and all who may have daily associations with such persons may be able to take such precautions as may be advisable, and that patient and family may receive instruction which will prevent the infected person becoming a source from which others may become affected. The objection made to notification that it will tend to shut the person out from all communication with their fellows and prevent those who are able to aid by remunerative labor, from contributing to the support of themselves and others who may be dependent upon them, is not to be considered. With proper care the patients may remain in their own family without danger of infecting them. You will note that we say "proper care," one object of the notification being to instruct all concerned as to what "proper care" means. If the tuberculous subject is to be cured it should be understood by everyone that an early and accurate diagnosis should be made and the patient given a clear and truthful statement of the condition found, and the further information that under certain conditions hereafter to be mentioned that a cure is probable; to this end the earnest and faithful co-operation of the patient must be had. Hence he must thoroughly understand what his condition is and what effort he is expected to make in order that he may be cured. Requiring that cases of tuberculosis be reported is not of recent origin. More than one hundred and twenty-five years ago in the Kingdom of Naples, not only was notification required with severe penalties for neglect so to do, but other requirements to prevent its spread were enforced by equally heavy penalties as is shown by the following edict of the Sovereign of the Kingdom of Naples issued on the 19th of July, 1772:

"1st. That the physician shall report the consumptive patients when ulceration of the lungs has been established, under penalty, for the first offence, 300 ducats, and, upon repetition, of banishment for ten years.

"2nd. That an inventory shall be made by the authorities of the clothing in the patient's room, to be identified after

his death, and if any opposition shall be made, the person doing so if he belongs to the lower class shall have three years in the galleys, or in prison; if to the nobility, three years in the castle and a penalty of three hundred ducats.

"3rd. That the household goods which are not susceptible shall be immediately cleansed, and those that are susceptible shall at once be burned.

"4th. That the authorities themselves shall tear out and replaster the house, alter it from cellar to garret, carry away and burn doors and wooden windows and put in new ones.

"5th. That the poor sick shall at once be removed to a hospital.

"6th. That newly built houses cannot be inhabited before one year from their completion and six months after plastering has been finished, and repairing has been done.

"7th. The superintendent of hospitals must keep in separate places clothing and bedding for the use of consumptives.

"Other severe penalties are threatened to those who buy or sell objects which have been used by consumptives and to servants, members of the family and to any transgressor whomsoever."

What was the apparent result of these stringent regulations at the time they were promulgated? The mortality from tuberculosis in that kingdom was as nearly as can be determined ten per one thousand population; in the same territory today it is 1.16 per one thousand population, and all Italy has the lowest rate of mortality from this disease of any European country. Keep in mind that when this edict was published it was not known in what way the disease was communicated but simply that it was contagious. A hundred years later Koch announced the discovery of the tubercular bacillus, giving us an opportunity to prevent its spread by simpler and much less onerous regulations; shall we with this example of prevention before us, longer hesitate to make and execute the regulations that our increased knowledge indicates will practically stamp out this pestilence?

We do not apprehend that there would be as much trouble in collecting the reports of these cases as has been feared. A most successful example of locating by reports, cases of tuberculosis is found in the April report of Major Gorgas, Chief Sanitary Officer at Havana, who having succeeded in

eradicating yellow fever from that city, has now entered upon a campaign to exterminate tuberculosis. He says. "The great object of the Department has been to get the cases of tuberculosis located, and through the various measures used, we have now about 2,500 cases on our lists. These names are carded, with residence and other data, and popular literature sent to them, explaining their disease, its communicability and the best manner of care. I believe that, if the system can be continued for four or five years, tuberculosis can be eradicated as yellow fever has been. We had 900 deaths last year from tuberculosis, placing the average length of a case of tuberculosis at three years, which is a longer period than is usually given to this disease, we would have 2,700 cases of tuberculosis on hand in this city. As we have at present 2,500 located and carded, it can be seen how thorough and successful our system of reporting has been."

The third preventive which presents itself is of marked importance, possessing dual properties of prevention and cure. Sanatoria for consumptives open to a large class an avenue of escape from certain death; at the same time it prevents the spread to a considerable extent of this dread disease. The first institution of the kind was established in Germany in 1859. At the present time there are over forty. The first in this country was established by Dr. E. L. Trudeau at Saranac Lake, in the Adirondac Mountains in 1884. Other private sanatoria have been inaugurated from time to time until there are between forty and fifty. Massachusetts was the first to open a public institution to devote to the care of its tubercular citizens. Connecticut has followed; New York City opened one last February; several more States are reported to have provided for similar institutions. Abroad they are moving rapidly in the matter. Sir Edward Cassell has placed at the disposal of the King of England, a million of dollars for the establishment of a sanatorium for tubercular patients; in order to insure this institution being as perfect as possible, his Majesty has offered three prizes of \$2,500, \$1,000 and \$500, open to men of all nationalities, for the best plans and essays for the construction of a model sanatorium. Our own government in 1899 established one for the Army, Navy and Marine Hospital Service at Fort Bayard; New Mexico. By gathering as many as possible into sanatoria for treatment we prevent infection of other

members of their families; instruct the patient in the best methods to be used to prevent communicating it to others, and having them constantly under the watchful care of an experienced medical man, they are gradually brought from under the cloud of disease into the sunshine of health, when they can return to their former occupations and associates, and where they will act as missionaries to instruct others in the way of living to prevent their acquiring the disease. It has been found that the mortality among patients living in the neighborhood of a sanatorium were very much reduced by reason of information imparted by inmates of the sanatoria, as to the methods of living and caring for themselves.

The reported result of treatment in the various sanatoria is certainly most wonderful and demands the attention of the profession and public. These reports show that from twenty-five to ninety per cent. of cases are cured. The variation in results depends in a large measure upon the stage of the disease when admitted to the sanatoria. Naturally the earlier the patient is submitted to the treatment after the bacilli has begun its work of destruction, the greater the prospect of permanent cure. Hence the public, as well as the profession, should be impressed with the great importance of an early diagnosis of tuberculosis. In the incipient stage, before any cough or any bacilli are to be found in the secretions expectorated, when the patient seeks a prescription, because as he says, "he is run down," some degree of anaemia is present, a slight rise in temperature is noticed, possibly slightly diminished resonance at apex of lung. X-Ray examinations may help to settle the diagnosis; there remains one more diagnostic test that should be used—"Tuberculin." This has never been in general use by the profession after its failure as a therapeutic agent. Its principal use has been by veterinarians for the purpose of diagnosing tuberculosis in bovines; for this purpose it has proved accurate and reliable. A few practitioners have used it for the same purpose in the human, with the result that it has been found safe and accurate. The Superintendent of the London County Asylum for the Insane, in England, desirous of determining if certain of his patients had tuberculosis, reports that of fifty-five cases tested by him with tuberculin, characteristic reactions occurred in forty-five and thirty-four of them died. Of this number au-

topsiés were made in twenty-nine, and active tubercular infection was found in every case. Ten of the fifty-five did not react; of these five are still alive; five have died; on a post-mortem examination of these, no trace of tubercle was found. The consensus of opinion of all who have used it to any considerable extent, seems to be that it is accurate as a means of diagnosis, but is entirely harmless both in the tuberculous and non-tuberculous. The time has passed when the expectant plan of waiting for developments can be pursued; it has always been a plan that led through much suffering to death. With the knowledge heretofore possessed it was all that could be done; now, however, no practitioner can enter the plea that he is doing all that can be done while he is waiting for developments, without being charged with being accessory to the death of the patient. With the early diagnosis made, as already pointed out, the person invaded by the death dealing bacilli is at once placed in position and surrounded by the means to destroy and expel the enemy, with probabilities very largely in favor of ultimate and complete victory. The various private sanatoria not only offer to the wealthy the way of escape from long invalidism, suffering and death, but lead them through pleasant avenues back to health, the pursuit of happiness and useful occupations, surrounded by loving friends who have been anxiously waiting the auspicious result. But what of the bread winner, or the youth struggling to win sustenance for a family of dependents, or blaze his way from poverty and obscurity to competency and a place among the worthy citizens of the community.

Shall he remain as now, doomed to certain but gradual wasting decay and death, with the added anguish that he is likely to communicate the same plague to the loved ones for whom he had cherished most lofty ambitions, but who must prematurely fight the battles of life, while with anguish they watch his growing feebleness, as gradually but inevitably he goes down to death as the result of his unassisted warfare with the victorious bacilli of tuberculosis. To this class the State owes a duty that should not longer be delayed. It should provide Sanatoria in which at the earliest possible moment, the victim of this terrible scourge should be placed, and thus given all aid possible to bring him back to his just heritage and all the duties of citizenship. For those, who

through ignorance or neglect have advanced beyond the curative stage, there should be provided homes where they may be cared for at the same time they are prevented from infecting others.

It will be the duty, and undoubtedly the pleasure, of this Congress to consider these various questions. We believe that recommendations should be made to State and municipal boards of health, urging them to increase their efforts with a view to educate all classes of our citizens in the knowledge of the infectiousness of this disease, and the best means of preventing its spread, including notification of infected persons and the disposal of their secretions, also the care to be taken in the use of dairy products and beef as food by the public in general.

Further action should be taken setting forth the duty of State and municipal governments to provide sanatoria where the poor can seek cure in the earliest stage of the infection, and hospitals for the care of advanced cases where they can be made comfortable and prevented from conveying the germs to others.

"Let our increasing, earnest prayer
Be, too, for light,—for strength to bear
Our portion of the weight of care,
That crushes into dumb despair,
One-half the human race."

THE TUBERCULOSIS QUESTION.

BY PROF. DR. MORITZ BENEDIKT, OF VIENNA.

Open letter to Dr. Clark Bell, President and Secretary of the American Congress of Tuberculosis, by Prof. Dr. Moritz Benedikt, of Vienna. Motto: Nil Humani Nobis Alienum sit.

I INSTRUCTION.

Dear Sir.—After you have translated my open letter to Clifford Albutt (Vienna Medical Weekly Journal, Nov. 26, 1901) and published it in your Journal, you requested me to communicate to you further elaboration for submission to your next American Congress of Tuberculosis, to be held in May.

If you consider my views of any importance, it is no doubt because you do me the honor to recognize me as a worthy representative of our school, and as one of the heirs of that great epoch.

The Vienna school still holds since Skoda the reputation of strict logical mode of thought and the genius of the Austrian people possesses the qualification on the one side of "bon sens," and on the other side of direct impressionability. These qualities protect us from being one-sided and dogmatic. The doctrine of Tuberculosis has yet many deep loopholes, and rapid deductions from the knowledge thus far attained may become positively and negatively dangerous. Though not as a specialist, but as a student, and as a thinker strictly methodical from the school of the creator of the "pure critique of reason" in medicine, Skoda, as pupil of the incomparably unprejudiced diagnostician and therapeutician Oppolzer, have I paid attention to the various questions, and

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Translated by Moritz Ellinger, Esq., Corresponding Secretary of the Medico-Legal Society.

for that reason I take the liberty of taking part in the general discussion, and I believe that I can advance many ideas which will not be broached by others.

II THE INFECTIOUSNESS.

The most important question is probably that of the infectious capacity of consumption.

It is well to consult in all questions the greatest teacher—history—and there we find that a great master in the so-called obscure, but often sunlit antiquity, that Galen had already affirmed that question and recognized the most important condition of infection. He teaches: "With phthisic patients there are putrid exhalations in the room which they inhabit and a foetid smell. Experience shows that persons sleeping in the same bed with phthisic patients or a longer period of time dwell together, eat and drink with them, or use their clothing or linen without these having been purified of their noxious quality, are attacked also by phthisis." We will recur later to the full importance of this doctrine for the knowledge of which I am indebted to Dr. Max Neuburger.

A second important lesson from history I draw from the fact that the danger of infection from tuberculosis cannot be very great, as it disappeared temporarily from the consciousness of the scientific world. If such authority in clinics like Skoda and Oppolzer could overlook such causes of the origin of tuberculosis, then infection could only take place under specially favoring conditions. Doubtless the danger of infection is exaggerated to-day in its sociological dangerous manner. There exist peculiar conditions, not known to us yet in their exact existence, under which infection takes place.*

A further lesson from history, which on this occasion looms up drastically, is that every advance in science brings with it also a retrocession. With the great acquisitions of pathological anatomy, which conceived the tu-

*If the former practitioners had become acquainted with the disease in the dwellings of the people, of, altogether the "bourgeois" world, to which the learned world belonged, would have troubled themselves sooner about the socio-political question of the misery and its effects, the capacity of infectiousness of consumption, would not have escaped their observation. It is an honor to the English physicians that they have interested themselves, beyond the intellectual point of their professional noses, in the welfare of the "people" with warm, humane-throbbing hearts, and have, therefore, recognized at an early period the danger arising from the dwellings of the populace from the spread of consumption.

bercles as "new formations," disappeared the old doctrine of the origin by infection. Of this general principle, which is constantly evidenced, we must take the admonition to ask anew to-day, whether there is not in the present day progress a partial misconception of the truth?

III THE HOMES OF THE INFECTED.

If we inquire into the conditions and opportunities of the danger of infection we meet first the question of habitation. The abode of the populace, the home of misery, is the most important breeding place of consumption. In these dwellings thorough ventilation, sunshine and cleanliness are out of consideration. The poison of disease broods in the filth which fills the air and which sticks and accumulates on the walls, on the floor, on the furniture, the clothes, the linen and the human bodies.

The linen, and especially the bed linen, and the clothes of diseased and deceased are at the same time used by the persons still in health.

This dwelling together of healthy and sick persons in dilapidated rooms under the mentioned health-injuring conditions is the most dangerous, as in the most cases it affects persons who are poorly fed and are also exposed to the inclemency of the weather.

Stress must be laid upon the fact, that dwellings will not become dangerous as bearers of the germs of infections by short and passing use of a patient, but by long and frequent use, if the necessary sanitary precautions are not taken. It is necessary to point this out to guard against an unnecessary and disturbing panic among the people.

It is further certain that the living together with persons suffering with phthisis is apt to become dangerous and especially in connubial union; the healthy party may be attacked with hasty consumption, especially if the patient is already in a hectic condition, feverish and subject to night sweats. But we often see this danger pass by, if there is no predisposition and the other hygienic conditions are favorable.

Next to the dwellings of the populace, special sanitariums under certain conditions form the greatest danger for the aggravation and dissemination of consumption. Patients who enjoy at home many hygienic advantages, namely a favorable residence and a healthy nourishment adapted to their condition and good nursing, are transported to sanitariums

and they return in a miserable condition, or not at all. Experience teaches us that the older the sanatorium is the more dangerous it is for the patient, for the attendants, and for the population in that place. Since years I am pained by this recognition, for which I made in vain propaganda in friendly circles and when I announced this opinion for the first time in my letter to Mr. Albutt, it was not without some apprehension. Considering the many interests affected, I had to fear the fate of Ibsen's "Volks feind" concerning of the people and in addition to have made such an unenviable reputation to no purpose. I am happy, however, to state that no opposition arose.

Wherein exists the danger of the sanatoriums? Above all, again in the dwellings. Through decades, and in every season, consumptives change off with consumptives in the same chambers; the walls, furniture, linen, floors, carpets, curtains are suffused with poisonous germs, and this material attains in time through accumulation that quality which conveys the full power of deathly work.

My experience in reality is that the dangerous point is not bound up with the place but with certain dwellings and quarters.*

A further danger consists in the intermixture of linen for body and beds of the sick and those of healthy persons, and that the disinfecting of this linen by strong heat is not sufficiently provided for. In this linen, however, are found the conditions which give the germs their full infectious quality.

Added to it is the fact that all the places in which the tuberculous patients aggregate, influenza becomes easily endemic and grows to be a Damocles' sword for the sick.

In the same rooms, in the same beds, with the infected linen live the natives out of the season and catch the disease.

In a country sanatorium to which I have given considerable observing attention, the female native population is to a remarkable extent, more exposed to the danger of infection than the male population, and especially the robust young peasant girls. This evidently arises from the fact that the tuberculous male guests, who are, as is well known,

*In a certain southern refuge the sewers of the city situated higher up, run down under the houses inhabited by the patients, to the rivulet. There is also situated the park and the music stand, and until recently the cold water baths with boarding places.

very libidinous, are listened to more favorably by the country lasses, than is good for their lungs.

The sanitation of the health resorts is therefore, a pressing requisite. We will refer to this further on.

The next, as places of infection, are the hospitals. It is well known that in older hospitals there are always rooms which are not only dangerous to the patients, but also to the nurses and the physicians. It must be remarked that this not only refers to tuberculosis, but also to dysentery, Egyptian disease, typhus, etc. And here we again meet with the remarkable fact that such bad conditions continue for years, without that the authorities deduce the necessary conclusions and that the facts are guarded for a long time as an official secret.

Such poison-abodes are but too often the barracks, and next to them the prisons. Of course, it is not only the poisoning of the living compartments and assembly rooms which are detrimental, but also very often a guilty lack of proper nourishment. I know a prison in which the mortality decreased in one year by 12 per cent as soon as a conscientious director assumed the provision regulation. Especially military prisons, and especially those located in casemates, often form expresses to the other world, and in order not to make statistics too horrifying, candidates of death are frequently pardoned and sent to hospitals or to their homes. According to various localities condemnation to imprisonment for 1 to 3 years often means condemnation to death, and the axe is swung by tuberculosis. This is the more terrible as condemnations are not always pronounced for crimes, but for violations of discipline, and because many military criminal laws and especially the criminal codes are imperfect, and errors of justice are easily made.

That even in lunatic asylums—even in the luxuriously appointed English institutions—tuberculosis may make its appearance as an epidemic in the place, has been observed with horror by the English colleagues. In this it is not the poisoning of the institution which alone plays the role there.

How dangerous it is to expose such evils is best shown by an incident in history, which should be preserved, of the renowned Austrian gynaecologue Semmelweis. The lying-in hospital, as it existed then, had as chief an ignorant, weak-minded and incredibly careless professor. There prevailed

the septic puerperal fever, and the carelessness had to be charged with 20,000 victims. At times only the mothers, who had given birth in the streets escaped with their lives. Semmelweis roused an alarm but without any momentary success and his honesty and faithfulness to duty undermined his life's happiness. History acclaims him as the pioneer of Asepsis; but when a call to the Vienna University was spoken of, he received of all the members of the faculty but one vote—albeit that of Skoda. That so noble a circle of men which composed the faculty, would not pardon the opposition of a young scholar to an Ordinarius is worthy—though not for the object of intimidating—to remain forever memorable. Such sins are committed by even the noblest oligarchy from considerations of esprit-de-corps.

Often the Congresses are the proper places to bring such evils to the light of publicity, and to morally compel the respective authorities to afford relief.

IV. THE POISON-GERM.

Above all the question of the origin of the poison-germ and its vehicle must be elucidated. Outside of the products of cattle (milk, cheese, perhaps meat), it is man from whom the poison of consumption originates. The sputum and the exhalations from the lungs are looked upon as the chief vehicles. Certainly not less important the sweat, neglected wrongly by the moderns. Sweat is the attempt of nature to discharge the poisonous matter, and that its admixture with the air and food means the poisoning of others, is doubtlessly ascertained from the facts in our clinics. From these sources rises also the dangerous quality of the insufficiently disinfected linen of person and bed and clothing of the patient.*

It would be in order again to turn to the sweat that carefulness of research and investigation applied in former centuries.**

Clinical facts—much better than those from the laboratories tell us that all these poisonous vehicles from the human

*The great mortality among nuns from consumption arises probably from the fact, that as a symbol of renunciation they exchange mutually, linen and clothing, wear them, and also from diseased and dead persons.

**The old method of privation and versicatore is still in use in many countries in cases of tuberculosis. It is plainly effective in favoring the extravasation of a "Muterin peccans," at a place with lessened resistance.

body must be aggregated, and as Galen maintained become only active after a long time. It seems that there must first develop a certain fermentation or putrefaction until the germ becomes active.

Also the undoubted circumstance that the exhalations in the later stages of consumption are more dangerous, favor the evidence that certain changes, not yet known, take place. The mass of microbes alone is not determinative.

It appears to me that the attempts of Koch to infuse cattle with human tuberculosis failed because he used virus not thoroughly fermented, or not fully putrified. If he had brought a cow into a sick chamber in one of the sanatoriums known for its infectious quality, left her there for some time, and permitted her to lick the soiled beds, linen and the body of the deceased, and had her given the chance to sleep together with the patient—naturally moralitatis causa with a female patient—he might have had a better success.

Whether the vehicles or the microbes, or both, undergo therein a change, is not as yet known, nor has the question as yet been seriously entertained.

V. THE FUNDAMENTAL THEORY AND THE ETIOLOGY OF CONSUMPTION.

We will now elucidate the question of the origin of consumption from the standpoint of logic and experience. Then, if we assume that consumption is always an infectious disease the doctrine of origin is by no means exhausted by the doctrine of the qualities and the mode of acting of infectious germs of poison.

Toxicology teaches us that there are poison-receptive and poison-immune tissues and organisms.

At every such inquisition we must establish a basis of biological thought. Every biological expression (manifestation "M")—and every disease is one—is first off dependent upon the inherited* or organic quality of the being or organ in question, which we designate as its nature ("N"). Next determinative is the development ("D"). The factors of this

*Inherited does not say that one of the parents should have been inflicted with the same disease. Inherited must be taken here in the sense that already in the moment of the impregnation of the ovum the germ of the disease existed. The question is, therefore, of a germ-disposition, and we may in such a case speak of praedestation instead of predisposition, whilst we may designate all expected previous positions from the life of the foetus as preparations,

development are of different value. Part of them penetrate so deeply into the conditions of existence that it becomes a second nature ("I"), while others do not penetrate as deep and which we must designate in a narrower sense as moments of development ("E"). Besides there are causes of chance ("O").

The sum of equations N. N. and E. present the predisposition in the wider sense the part (N.) thereof in a narrower sense. In mathematical form this biological fundamental form must be thus written:

$$M=f(I\ N\ I\ N=E=O)$$

We can say positively, consumption originates only where the nature of the organism or of an organ makes it possible. It is, therefore, all the original nature (disposition) determinative, and it is certain that there is an organic consumption, in the sense of an inherited disposition, exclusive of that acquired during the life of the foetus or in childhood. The latter form which influences the entire growth of the organism from its first disposition, ranks in importance with inheritance and are found, therefore, in class "N" that is in the second nature.

Today, inherited, organic consumption is thrust to the background, not by nature but by the learned profession.

These inherited and even congenital cases are namely, for the presentation at this day of the evil very disturbing and there have been explanations advanced in order not to touch the deductions. He, however, who has studied such cases will not subordinate the prominent facts to any dogmatic theory.

I have myself two demonstrative cases: In a family, blooming, robust young men and girls were attacked at a certain age—at the beginning of the second decade of their lives—in perfect health, by hasty, fatal consumption. The individual cases happened at an interval of several years, consequently exchanging mutual infection and the hygienic condition was favorable. There prevailed then the same relations as at the outbreak of an inherited amroia paralytica, tabes or cancer, which crop out at certain ages and the breaking out of which is predestined from the moment of procreation.

In another numerous family appeared among some members acute consumption at the period of the first puberty,

without pronounced cause, most of which proved fatal, while other members of the family kept blooming and well, though they lived under the same conditions.

Opposite to this definite lifetime of the appearance of consumption the question is opportune, whether individuals so sorely affected from their childhood could be protected before the outbreak of the disease by sojourning in places without the cells of Koch. If this is not the case, then the independence from the effects of Koch's cells would be established.

The appearance of these cells of Koch in these predestined cases could be conceived as an escapable symptom like the appearance of fungi in cellars where neither fresh air nor sunshine appears.

We have already mentioned the foetal and juvenile cases which belong to class "N"—A further transformation of this man's nature may be effected by economic, social and climatic conditions, above all by the mode of occupation, &c., that the sum of these factors of development as "second nature" may so powerfully prepare the disease as the original disposition.

In most occupations which bring on consumption the irritation of the lungs by intermixture of chemically-mechanic materials with the oxygen taken in, induces inflammatory conditions, on the basis of which a development of the disease takes place, most probably through the influence of the Koch cells. According to the fatality of these phenomena, these influences may be counted with either factor N or E. In other occupations, for instance tailoring, consumption originates because during the labor a part of the lungs—especially the apices—are not ventilated, and therefore the tissues lose their normal activity and power of resistance, so that the Koch cells, with the toxins drawn from the tissues bring on the disease.

All enfeebling diseases may become developing factors of consumption.

Nervous affections may also be considered favoring the disease, such as the degeneration of the respiratory nerves with paralysis, tabis and myelitis. Also the great loss of flesh in hysterical inappetence and vomiting cause consump-

tion, like the consumption through hunger and destitution. Also in cases which I have designated as "asthma diurnum," at which a persistent incomplete respiration takes place, would cause in an equal way consumption.*

We have considered until now the "nature," the "second nature" and other faculties of development of our preceding formula. We must now inquire into the proper accidental causes (O) of the disease.

Here we must again inquire whether such is always necessary. The inherited causes do not compel us to such an assumption. We can perceive that the conditions of life are such, that the healthy process of living conditions and chemical changes at a certain period of life, as well as in inherited paralysis, or tabes, or carcinoma assume a character of sickness. Even if in such a case a definite symptom, namely the appearance of the Koch cells were under all cases and from the first moment determined, it does not say that logic would demand that these cells present an essential condition of sickness. It might be possible that there are many unavoidable evidences, an adjurans, an expedient.

The conception of tuberculosis for these cases as a disease of degeneration was the one generally assumed before 1882, and is not, as appears to me, entirely free of objection at this day, though we have entirely relinquished this conception.

I do not wish to make of this an assertion, not even express a personal conviction, only the right to state my doubt. Doubt is the mother of criticism and the guardian of false deductions and errors.

*Take every other organ, the lungs act, respectively the respiratory muscles, at every moment with only a portion of its energies. It only needs to compare the distention of the lungs in attacks of asthma with the usual excursions of the chest. At asthma diurnum an unusually small surface of the lungs is active and every deep respiration the places of the distention of the lungs change. The patients feel uncomfortable, without being able to locate the pain. They are decried as "hypochondriacs" because the practitioner does as a rule not recognize the cause and the seat of the disease. Exercise of breathing and furadisation of the respiratory muscles and nerves usually relieve the sufferer. (S. Beobachtungen ansdem Roentgencablnete. Wiener Med. Wschr. 1896 No. 52 & 53.)

It is beyond a doubt, however, that in inherited and acquired predisposition, the tuberculous virus usually generates the disease.*

VI. BACTERIOLOGY AND CONSUMPTION.

Before I pass to the regulations and measures for the cure of consumption, I beg leave to make a trifling excursion into the field of the doctrine of microbes. I have avoided until now the expressions bacillus, bacteriae, bacteriology and bacteriologues—in German staebchengelehrte. The one reason is purely philological. I hesitate to use words which are a sign of the philological capacity of the academic world. The designation of an object which looms up in observation and recognition, should express the form as well as the qualities. We understand to-day by bacteriae and bacilli in medicine all these minute beings which stand in close connection with contagion. Only a portion of these beings have the form of a staff. The form is, therefore, not designated in a number of cases.

Of the qualification the designation expresses nothing. We know now that these minute beings are living beings, with the power of assimilation and propagation, and we might therefore, for the present at least, designate them as cells. They are compared with the average cell form, very minute; we might, therefore, call them "dwarf cells," and as they stand in close connection with the toxination and contagion of living tissues, we can designate them as "toxin-contagion, in-

*If we designate as the most important accidental cause infection, we must not forget another, at least as local inciting cause and that is Trauma. Remarkably so Meningitis tuberculosa often appears on the sphenoid "parietal sinus." As long as tuberculosis was considered a pure new formation, this cause was specially puzzling, and it required special courage to acknowledge with Oppolzer this fact, though unintelligible. Why, I was a witness as student when Rokitsansky ridiculed the attendants at the clinic on account of their recognition of the traumatic causation. Griesinger, though, had also assumed then Trauma as the causation of carcinoma of the brains, and the local outbreak of carcinoma at Trauma with its metastatic effects is very generally recognized, I believed that I contradict Griesinger. I assumed that in his cases to consider the fall as the first symptom of the carcinoma of the brain, than opposite. I thought to be more justified in this as I saw two cases which could apparently be traced back to carcinoma of the skull by which, however, nekroscopy proved cyosircercus. Impression upon me made only the popular belief that lascivious treatment of the mammal leads to carcinoma. Today it is beyond doubt that Trauma where disposition prevails may lead to it that the process of reaction assumes the tuberculous or carcinomatose character, with meningitis tuberculosa one may think of the introduction of virus into the irritated place.

fectious dwarf cells," and in the text the designation might be abbreviated.

These dwarfy beings have not perhaps the importance of cells, but of cists or only of protoplasmic flakes, analogous to the particles, the movements of which in the so-called karyokinese are visible in the cell of the ovum, which after all have the significance of independent living substance, as they avoid the foundations of the individual tissue-elements, with their qualification of assimilation and propagation. The necessary change of the expression: cell would become then a historical moment of progress in knowledge.

The more indeterminate expression partially could be used; but it is not fit when applied to living substances.

There is, however, another reason why we have preferably used thus far the indeterminate expression epidemic toxin or virus.

Whether pure cultures of the Koch toxin cells could generate consumption is questionable as far as the human being comes in question. Outside of the food from cattle, infection is carried from man to man, and if in all cases of infection the toxin cells very probably play a role, it is highly probable that there is toxin present in the vehicles, which are perhaps much more important than the cells themselves. For that it is affirmative that older and advanced cases are more dangerous by their isolation than cases of shorter duration and less acute, and that the proportionality between the number of cells and the aggravation of the case is disputed by many.

It further appears to me, as I have already expressed myself twenty years ago, that "bacteriology does not as yet hang upon the right hook." Inducement offered: first of the inherited cases of consumption, which make their appearance at a certain period of life, in which, at least during the process, toxin cells could be shown, but their absence in the first beginning was not beyond doubt.

But the appearance of plague cells in sporadic cases of tetanus made me sceptical. I was more confirmed by the latest fact in this class, namely the evidence in such cells, capable of assimilation and propagation at the time of epileptic attacks, by Dr. Bra in Paris. I doubt not for one moment that soon all analogous proof will come forth in case of raving mania, or perhaps even in outbreaks of rage a la Lear. We

will then comprehend the rare cases of outbreak of Lyssa through the bite of maniacs and the primary appearance of Lyssa in dogs through violent sexual excitement.

We can also deduce from analogies that in sporadic cases of yellow atrophy of the liver through violent psychic excitement such cells will also be found as in epidemic "yellow fever," and so on in many cases of acutest irritation of tissues in degenerations under irritations.

These facts gives cause to ponder. I have drawn a deduction therefrom, which, if it should be verified, would cause a revolution in the theory of epidemics. I refrain from expressing it, because at this time, even if verified, it would call forth a riot against me.*

At any rate should we be reserved in drawing conclusions, especially when the question arises to prevent and cure consumption?

I may be permitted yet to make a remark of logical method. It appears to me as if the modern doctrine of toxin and epidemics commits the mistake to transfer the deduction drawn from experiments of a certain toxin upon all other without critical examination.

VII. THE PREVENTION OF CONSUMPTION.

We can now pass to the discussion of the measures of prevention of consumption.

I pass by those of prevention of transference from tuberculous cows.

To the question whether the test of tuberceline enables us to recognize in proper time the tuberculous condition of cattle, I cannot answer, as I am evidently not competent to do so, as little I feel competent to say whether that test in man is of value or should be made.

The next measure of prevention relates to the neutralization of the toxic excretions and exhalating matter of the patients, namely of the sputa, the sweat and the toxine material in the air of exhalation.

Upon the latter adequate air currents and sun-shine have probably the best effect. They are altogether the deathly enemies of the tuberculous virus.

*Also the remarkable fact of the so-called senseless origination of anti-cusmo. (Max Gruber's secretion, which course in the blood of serum—animals as isolated groups of atoms furnish food for thought.)

Further, minutest cleanliness of the body of the diseased and of those with him still in health.

We guard thereby not only against the infection of the healthy, but prevent the incessantly renewal of auto-infection of the sick persons, who should be as much as possible in fresh, pure air.

We now get to the accumulation, the removal and the destruction of the sputa. We will return to this in the discussion of the reform of health resorts and sanatoriums.

The sweats should be removed by careful ablutions with a wet cloth—perhaps as customary, with a solution of vinegar acids. These rags must be kept in a closed vessel and exposed to hot air.

To the measures of prevention also belongs the removal of the sick from their surroundings, especially in unfavorable conditions of dwelling and other social conditions.

This compulsory removal, must as in cases of insane and persons suffering from contagious diseases, be regulated by legal provisions. In order that it can be carried out, provisions should be made for the families of the patient upon whose labor they are dependent. When society replaces the value of animals that have to be killed, it is obliged to do so in respect to human families.*

The preventative measures referred to also apply for the sanitation of the former mentioned birth places of consumptives. But we are affrighted at the task of this sanitative measure. We stand here face to face, for which the science of the physicians is determinative, but whose power has little weight.

What great social revulsion and social activity is called for alone by the sanitation of the dwellings of the poor, which harbor yet destitution and misery? Here the friend of humanity must above all raise the call of general disarmament in order to receive the help of the colossal sums of military power for the regeneration of broad masses of the population. But how powerless are we physicians to fight. The chauvinism and imperialism of the nations who hinder it, that

*To the preventative measures belong also those which afford protection against heritable transmission. We will refer to this again.

the less expensive philanthropic benevolence push away the more expensive hatred and the still more expensive lust for power.

Our activity becomes here a discouraging patch-work.

Our first duty concerns the sanitation of the health resorts. For this purpose it is at once requisite:

1 That the reception of consumptives in a private house be subject to a concession from the authorities, which must be preceded by a careful investigation of rooms and arrangements, and to the permission must be attached a definite hygienic regulation,—of which later on.

2 Every health resort for tuberculous patients must contain a hot water laundry, where linen, carpets, curtains, etc., can be exposed to the germ killing heat.

Altogether, care must be taken that the linen of the population, not only of the health resorts be exposed to hot air, and the larger communities must establish hot water laundries in which—under the direction of the administrators of the poor, and the physicians of the poor—the linen of the poorest be purified. The ironing is then left to the owners. With that a reorganization of the laundry business must go hand in hand, as the present form harbors numberless dangers.

3. The appointments of the room must be so that the infectious germs have as little chance as possible to remain attached. The walls, for instance, should have oil or water glass paint, the floor covered with linoleum.* Bedsteads and furniture should be of iron, that in case of need they might be exposed to steam heat.

4. Every fresh use of a room should be preceded by a thorough disinfection, and above all an airing of several days.

5. Of course all things needed for helping cure must be found in the health resorts.

6. Every health resort must stand under strict supervision of the State. It is directed by a special medical officer. Of course private practice on the part of the officiating physician is out of question to insure his independence of all local influences.

*Probably the best material for a hygienic floor would be asbestos cement, as used for instance in the Hanved-Hospital in Buda Pest.

The resident authority, commitment doctor and health resort physicians are not adapted because they come too easily in conflict with the interests of the people, and apt to be compelled to connivance.

7. The practicing physicians are obliged in specially dangerous cases at the departure of the patient or after his death, to make a "confidential" report in order to rouse the attention of the official to supervise the proper disinfection. It is also the duty of the physician attending at the house or at the rooms to make a report whenever the symptoms of a prevailing infection appear.

Neglect of the duty to report should be subject to definite penalty.

8. Altogether would it be well to reform the whole system of health resorts, so that a system of smaller and smallest sanitariums be introduced, which to the largest extent should be left to private enterprise under State supervision.

To other necessary measures of prevention we will recur in the discussion of sanatoriums. I will call here attention to some mistakes in the use of health resorts.

Many patients visit them with insufficient means.

Then they herd together patients in dwellings that are pestilential, are insufficiently nursed, and return home in worse condition they come in or not at all.

This evil formally clamors for sanatoriums, especially in health resorts.

A further mistake is to send acutely sick persons in fever to distant health resorts, especially in winter, to die there or perhaps on the way. Though we may not tell the patient, "Stay at home and die in comfort," still we may appease him and hold out hope to him that he may improve. It is against all sense to send patients, in winter or in the fall to Southern health resorts, to stay there for a short time, if they have to return during the inclement season to their unfavorable condition.

Attention may be called here further to two incorrect actions. One is especially committed in sanatoriums supported by philanthropists. Patients severely sick are not received in order to have a more favorable statistic. Sanatoriums, however, are established for the best possible relief they can give, and not for the favorable statistic.

Very nearly criminal, at any rate censurable, is the abuse practiced in healthy resorts, in sending away patients in a dying condition, who then die in a coupe or in a way station. The excuse that death and funerals disquiets and harrows the other patients does not hold good. We know nearly all sanatoriums where many operations take place and many die. It can be as easily arranged in health resorts as in sanatoriums, that the survivors are kept in ignorance. "They have gone away on a journey," might as readily be said of travelers to the other world.

What must be done in order to make infected hospitals, also barracks and prisons that character harmless need not be elucidated.

Here a heavy weighted moral movement comes in question. Those interested must have the courage of conviction and their courage must not bend before official force.

Lying, white-washing and denials must be banished from public life.

The dangers of infection in large and small factories are at least theoretically decreased by sanitary industry and factory laws; only care must be taken that the laws are carried out. The same applies to schools and to school hygiene.

VIII. TREATMENT OF CONSUMPTION.

We now come to the treatment of consumption. Here the already mentioned measures, which prevent the constantly renewing auto-infection the first role. All treatment which improves nourishment—and to this belongs the furnishing the starving with food; further all those which better the condition of the general strength and the resistive power of the tissues, are important for the treatment of consumption. Hardening by timely applied hydrotheraphy and strengthening of muscles by proper athletics, must never be lost out of sight. Good air with much tarrying in the open atmosphere, and a good deal of sunshine, will remove the germs in the body.*

For all patients who cannot find in private treatment all they need, the treatment in a sanatorium is fundamental for cure.

*It appears to me, though without sufficient experience, that armouvalisation is an important medicament for extirpation of the germs in the body.

From all said heretofore, the first rule ascertained is that we should not build as sanatoriums either palaces or barracks. These will become in time breeding places for the tubercle poison. It cannot be denied that in every new institution effective hygienic arrangements can be made. It is certain that with extreme, so-to-say boundlessly liberal precaution, a home for tuberculosis patients can be kept intact for a long period. A private sanatorium, for instance for operations, which has a splendid clientage and an accomplished director, who is conscious that the institution can only prosper as long as it is not infected, or is kept free of infection, with a large staff of physicians who know what they are aiming at. In large specially public hospitals, this is not easily accomplished. With tuberculosis, airing and sunshine plays a great role and the larger the house is the more difficult will it be to keep the air pure and have sufficient sunshine.

It follows from this that sanatoriums for those suffering from tuberculosis should consist of small pavilions, and that the erection of such pavilions should be aimed at in special health resorts. The opportunity should be afforded for all, rich or poor to be accommodated in such pavilion sanatoriums. Very wealthy patients can procure for themselves all needed conditions and accommodations. Sanatoriums should not be monumental buildings, so that after a number of years they can be taken down without great loss and removed, if they prove to be infected. Special emphasis in the erection of hospitals must be laid upon the separation of the rooms where the patients spend the days from the bed chambers, and that for the patients in an advanced stage of the disease. Two rooms should always be available, which by day and night can be interchangeable and thoroughly aired, cleansed and admissible to sunshine.

The arrangement seems to me ideal, that the sleeping rooms situated to the east and the day rooms to the west, so as to have the sun at all times. Between a corridor with a ventilateable glass roof, that would absorb the mid-day sun. The demand for south-rooms seems to have originated from the misapprehension of the Northern people, who interchange south and west.

Where a public colony is founded in the proper location, the treatment locality among which also the technico-thera-

peutical such as baths, inhalations, etc., should be at a distance from the residences. Where an aggregation of patients is had, the meadows, gardens and promenades should not be neglected, as there can be no doubt that in the soiling of these places an extremely poisonous virus can develop.

Important in this respect is an American observation on the meadow of a military invalid home, which was largely occupied by consumptives, the patients roamed about for years and naturally expectorated a great deal. When permission was given for a herd of cattle to graze there they became infected with tubercles.

As naturally the sputum becomes specially dangerous where patients accumulate, the question of removing the danger must be considered, and above all the cuspidores in order to escape the danger of infection.

Here it must be remarked again that we must proceed with full honesty. We have been in error of the time of the so-called antiseptics to believe that we could kill the germs of infection by weak solutions, for instance of carbolic acid and sublimate; to-day we have come to asepsis.

Perhaps we do many a thing which is superfluous; but we know that we have not arrived yet at a practice which offers full security.

Every disinfection should be absolutely perfect and it should be guarded against that people should become soiled in the transportation. The destruction of the germs should be effected in the cuspidores, and for that purpose I think Aetzalkalis and perhaps, or better yet, kali hydricum, I consider most efficient. The powder is perhaps, the best if a light water solution is possible, because the heat generated helps.

Of course such vessels must be so constructed that when used by the patient and in transporting them, no injury can be done to patient and servants, and therefore, the proper material must be selected.

The material of such cuspidores must of course be chemically of good duration and stand a certain degree of heat. The vessel must be closed by a funnel shaped cover, from which through the infusion and especially through a stream of water the sputum can be easily emptied into the vessel.

It is also appropriate to fasten these vessels so that they can be lowered or raised according to the size of the patient.

Naturally enough it is not only necessary to place such vessels in the hospitals and their surroundings, but in all places where a large number of people gather, among whom there are supposedly physical sufferers, as well as in all meeting places, in churches, schools, hotels and recreation localities. The people should become accustomed to use these vessels exclusively, even on the incurrence of penalties.

The people habituated to make use of these vessels in all public places and streets will see that they have a purpose, esthetical as well as sanitary. That the sputa in public streets and places involves a danger is probably a child of scientific imagination. Not only consumptives, but smokers, people afflicted with catarrhs expectorate, and to impose a penalty would border on the ridiculous. Should perhaps a police officer, who prefers the charge, make an "oath" that the sputum contained the Koch cells?

That in sanatoriums for consumptives arrangements for baths and lavatories, for the cleansing of the whole body, are necessary, must be again laid stress upon, as the body extravasations are deleterious.

That the exhaled air contains suspended toxins leads to the deduction that the crowding of patients in the chambers and in the halls should be avoided.

The climatic condition of the establishment of sanatoriums need not be elucidated. Localities free of fogs, strong winds and dust, in moderately elevated woody parts, or in the mountains or by the sea shore, have each their justification and their advantages.

For the rough seasons, localities are of course preferable, which to people from northern countries, a spring or summer season. That, especially at the right time, patients hardened against the changes in weather, may remain in "cold" regions during the winter is shown by experience. In southern health resorts, where in day time violent contrasts of temperature take place, patients injure themselves by carelessness more than in cold regions.

I will call attention here to a circumstance which is of the greatest importance.

Patients, dependent upon their labor, should not be discharged before they are capable to work, and their families should be assisted until the patient is fully restored to health.*

If the patients are discharged too soon, relapse is risked, or the disabled fall into pauperism, vagabondage, alcoholism and become a greater burden on society.

Another important question is that of homesteads and who has to establish them.

Philanthropy and charitable societies may give the inducement and take the first steps. The obligation to erect them, however, rests upon the state authorities. The obligation to erect homesteads is parallel with that of establishing hospitals and insane asylums.

Philanthropy works with insufficient means; besides it uses the means at its disposal in a squandering way and deceives under self-conscious praises, its work beyond the extent of its true value.

It must be also pointed out that poor patients should also be cared for by private nursing in families adapted for it, but under competent medical supervision, who should also be entrusted with the hygienic care and supervision. There could be cultivated institutions for private nursing families as it is done in the case of lunatics and foundlings.

Of a colony of such families a health resort could be developed.

We are and will remain for a long time in embarrassment what to do with our sick as long as we have to deal with infected hospitals, health resorts, undue bad sanatoriums, in which, especially during the winter, influenza prevails, while other healing institutes are lacking or not found in sufficient numbers.

The distribution in qualified private families in the country might after all be quickest organized.

We will call attention to a source of relief at our disposal at this time.

There are now plenty of sanatoriums which could be used for the housing of sufferers from tuberculosis.

There are the so-called cold water institutions which are mostly closed in winter and not in use. As their locality is

*Whether it is advisable to establish special re-convalescence asylums is questionable.

mostly selected with the view of their freedom from dust, fog and wind, their usefulness seems to be unobjectionable in winter. The sanatoriums will have to be fitted out according to the regulations laid down in various places. They can receive now without objections consumptives by legal permission. But they will do well to apply, for their own safety, for a special concession and control of the authorities in order not to arouse the apprehension of the other patients. That well fitted out and well administered institutions could be kept free of toxication, especially when they locate consumptives in special apartments. But especially a hot water laundry will have to be provided for.

Besides this there are hotels and boarding houses in localities which have a good deal of sunshine in winter and are situated in good mountain air, are also under medical supervision, are well heated in all the halls where society gathers, and outside halls are mostly provided with hydrotherapeutic arrangements, and rooms adapted for therapy, which need not be used for tuberculous patients. Of course such places are only accessible to people of means.

Places like Salzburg, Gmunden and Ischl in Austria, are certainly adapted to render good service to consumptives in well fitted-up houses.

It admits of no doubt that consumptives can be located in winter in mountainous regions, especially patients who have been weather-hardened by timely application of hydrotherapeutic treatment. Such patients can enjoy in winter also, in cold regions fresh air, aside of the fact that the sleeping and dwelling apartments can be kept energetically air-pure.

IX. DUTY OF REPORTING AGAINST HEREDITY.

The increase of physical, intellectual and moral degenerates in modern times, gave rise to the question of what measures to adopt to prevent heredity. The United States have proceeded in this with greatest energy. This need not surprise us. The senile trend, which characterizes many European conditions, is wanting in that virile empire, in which initiative individuals can prevail much easier. Also the multiplicity of state legislation carries with it, that original, youthfully vigorous legislation upon the soil of ripened science and advantageous insight could be carried through and applied to actually prevailing conditions. The law of Michigan is most

vigorous against the danger of heredity. It enacts that all lunatics, epileptics and criminals convicted three times must be castrated before leaving the hospitals.* Besides this many states forbid patients afflicted with infection and diseases that are easily transmitted to marry, and Indiana includes in this category sufferers from tuberculosis.

I do not like to postpone a criticism of the legal enactments to the Congress to be held in Madrid, but proceed to it here. What kind of tuberculous patients would rationally be concerned in such a law? Should it, perhaps, everybody who suffers from a thickening of the apices, where in the sputa the Koch cells have been found and who has suffered once from haemoptoe? All the world agrees that tuberculosis is frequently curable, and every physician knows fathers and mothers who at one time were seriously threatened with consumption, and who nevertheless, had a healthy progeny. All cases of passed tuberculosis must be, therefore, self-evident, be exempted from every measure of force or prohibition.**

The prevention of marriage has only one sense in florid consumption.

The marriage obstacles will have an effect with such patients, that in the lower stratas of society the concubines will increase and the male and female gold-fishes will easily circumvent the law.***

*With all due respect to the legislators of Michigan, I consider the largest part of this law as preposterous. The celebrated law of Michigan concerning the treatment of juvenile and youthful criminals, of course, infuses me with the greatest respect, and even for incorrigible homo-sexuals I have pronounced abstinence, penitentiary or surgery; nevertheless would I warn against imitation, and I hope to be able to state at the Madrid congress my reasons in convincing argument.

**A pronounced example of the injustice and irrationality of such a legal enactment is furnished to us by Oppolzer. He was, as a young physician, seriously consumptive. He cured himself, as he often related, with good Bohemian beer. He got married and in his progeny there is no trace of tuberculosis. I, myself, observed a woman, who after a few rapidly following births, became seriously tuberculous. She was cured and hurried to pass through more pregnancies—17 in all. She and her descendants are healthy and not a trace of consumption.

***Who ever takes an interest in the contraction of marriages among the lower classes, often has the opportunity of witnessing a number of marriage ceremonies at one and the same time, where the majority of the brides are in the last epoch of pregnancy. Should the male criminals, if tuberculous, or the sick mother-brides be prevented from legalizing their marriage? If, however, the circumstance of pregnancy is accepted as an exception from the law, then the people will secure that benefit.

For the cohabitation outside of wedlock these laws are of no effect. Extraordinary conditions, however, would grow out of it, if hygienic pursuits would succeed, analogous to the Michigan law, to have castration enforced for tuberculous sufferers. With the prevailing mania to-day for operating, the human family would be decimated. Not even heavily afflicted individuals would justify extreme measures, because cure is not excluded and hereditary transmission is by no means fatal. Hasty play with fate easily leads to tragedies of fate for society.

Most useful it is, when, as in Italy, conviction is carried to the masses that co-habitation with consumptives endangers health, and that is great danger of having sick descendants.

I will mention for the special case, that it is advisable to have a legally sanctioned regulation that every betrothal should confer upon each party, as in case of life insurance, the right to have the other produce a health certificate and that of physicians who enjoy the confidence of the party to search. Self-understood, the physicians must, for this case, be legally freed from the obligation of guarding professional communications.

This leads us to the proposition advanced by many to discuss the obligation of the physician to report cases of consumption. This legal obligation would be one of the worst mistakes which ever emanated on the part of the physicians. As it is untrue that as a general thing, that under favorable hygienic conditions, the intercourse with consumptives is dangerous, than the obligation of reporting might become more fateful.

Think of the danger of causing an unnecessary panic among the people. I have lived to see it immediately after the discovery of Koch, and the premature deduction drawn therefrom, and the bad effects it had.

Let us consider that the obligation to report had only a definite sense of the authorities proceeded to isolate the sick. If at every numbness of the apices, with stertorous noise, or bronchial breathing, and with expectoration with Koch cells, we had to make a report, then numberless teachers, all family servants, clerks in bureaus and in industrial establishments would lose their bread through the doctrine that intercourse with them is dangerous, is only correct to a slight extent. Not the obligation to report, but the right to report

should be conceded to the physician. Reports should be made only in specially dangerous cases. To wit: Might a teacher in a high tuberculous condition become dangerous when scrofulous, anemic, or children with catarrh attend the school? Society, however, in such cases should come up for the full earnings, if we are not to cause greater misery.

We see that a vast field is conceded in legislation to the question of tuberculosis, a law which takes for its object the erection of sanatoriums and the methods to be followed, which seeks the sanitation and supervision of health resorts, the removal of everything that implies danger may become a blessing.

THE PREVENTION OF TUBERCULOSIS.

BY HERMAN KORNFELD, OF SILESIA,
Honorary Member of the Medico-Legal Society, Privy Councillor,
Gleiwitz, Silesia.

The American people have for the foundation of all their political, social and religious life the Holy Bible.

Now there are strict laws enunciated in this Divine Book which are not observed. Experience has taught us that those laws first of all were as sanitary laws, the highest and of greatest value, and of more significance than all others. Wherefore then not obey them, and try and see, if by the prohibition of certain foods, by the manner of killing animals, by abstaining from eating blood, etc., etc., the body could not be preserved from infection with those germs, the origin of which we know but so imperfectly?

Why go the indirect way, to learn what are the effects of infected flesh, etc., instead of following the rules laid down by a wisdom superior to our own, not by degrees, but incomparable in its intrinsic worth and superior to that which the microscope or bacteriological technique or research can reach?

May this suggestion prove worthy the consideration of the eminent members of the Congress of Tuberculosis.

Gleiwitz, Silesia, April 15, 1902.

Contributed to the American Congress of Tuberculosis and read June 3rd, 1902.



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THE CONFLICT WITH TUBERCULOSIS.

BY NILES R. FINSSEN, M. D., OF COPENHAGEN.

When the people of all civilized countries unite in a campaign against tuberculosis, it is not only because the fight against this epidemic is the greatest and most important of all the problems which modern science of medicine must try to work out, but also because we have more and more come to the conviction, that the struggle is not hopeless. It cannot any longer be considered fancies, when we express the hope that tuberculosis will become a very rare disease some day or other. However we shall not be able to attain this object without making earnest use of all the means which the science of medicine has placed at our disposal. Among these means the prophylactical measures deserve doubtless to be placed in the front rank, and we must especially emphasize that there is a particular effective prophylace, since we cure the patient suffering from tuberculosis by means of physical methods, and in this manner arrest a frequently very effective infectious source.. In this way the humane regard to each individual sufferer is united with the welfare of society in a very happy manner.

When I received the honorable invitation to express any opinion about the campaign against tuberculosis, I have been highly pleased to do so, because I think that our times can hardly aim at anything better and greater than the extermination of this dreadful scourge of humanity. However, this is a small domain of tuberculosis, which I have been particularly taken up with, and of which I therefore, as a matter of course, should like to say a few words. This domain is Tuberculosis of the Skin, particularly Lupus Vulgaris.

In the light treatment, that is to say, the treatment with exceedingly strong concentrated rays of light, we have a

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method which is able to cure this disease in most cases. My experiences, which embrace more than six years and more than 800 cases of Lupus Vulgaris, have taught me, that nearly all cases, even the severest, are favorably influenced, because only about two per cent. of our cases have not been influenced.

The treatment can work wonderfully quick, in small and young cases, but on the other hand, it may be of a very long duration in old extensive cases. The definitive cure is in many cases, made uncertain by the sufferings of the mucuous membrane of the nose and mouth, which cannot be treated by light, and from which the disease is able to spread again.

As particular circumstances of the light-treatment I must emphasize its painlessness and the good cosmetic results.

As to Denmark it is not far from all other cases of lupus being exterminated. At any rate, the increase of patients from Denmark to the light institute has already culminated a few years ago. The method is now introduced in many places outside of Denmark: in Berlin, Paris, London, St. Petersburg, Vienna and in many other towns there have been erected university light-institutes, or special wards for the treatment of Lupus in the large hospitals, the increase of patients being everywhere very great, in most places even greater than they have been able to manage.

What I have told here of the cure of Lupus cannot claim the interest, and is not so important to humanity, as if it turned upon phthisis itself, but we must not under-value the importance to each individual person who is suffering from this dreadful disease, and as a line in the campaign against tuberculosis it may certainly reckon as of some interest to the Congress.

Copenhagen, April 29th, 1902.

ON TUBERCULOSIS.

IN RELATION TO THE LIVESTOCK INDUSTRY.

BY J. G. ADAMI, M. D.,

Professor of Pathology, McGill University, Montreal.

Asked to open a discussion upon the subject of 'The Veterinary Aspect of Tuberculosis,' I confess that at the very outset I have been in difficulties as to what to include under this term. Strictly speaking, I take it, this title indicates that I should dwell upon the prevention and cure of tuberculosis in the domestic animals, and to this matter my remarks will mainly be devoted. I note, though, that a report of mine to the Département of Agriculture of Canada, upon the relationship between human and bovine tuberculosis, has been printed in extenso in what I believe is the official organ of this Congress—a fact which would seem to indicate that the subject matter of that report is to be made the basis for this discussion, and that what is now required of me is an introduction to a debate upon the intercommunicability of human and bovine tuberculosis, with all that such intercommunicability or non-intercommunicability may imply.

I cannot, however, but recognize that this is only a small portion of the ground that ought to be covered; nay more, that at this present moment it is of far greater importance to dwell upon those aspects of tuberculosis, upon which all serious observers are united, rather than those regarding which there has developed some difference of opinion. If this Congress is to help in moulding the public mind, if it is to fortify the great and necessary work of arresting the progress of this terrible disease upon our Continent, it will not accomplish that by dwelling upon the points of difference between conscientious workers, or by a debate in which we indulge in

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destructive criticism, destructive not only of each other's views but also in the confidence of the agricultural community in the soundness of our recommendations.

Our duty on the other hand is to emphasize those points regarding which we are all agreed, so that thereby the public may see why it is that we who have studied this question, are one and all so insistent concerning the need for legislative and other measures tending to control and arrest the spread of the disease.

If, therefore, I have little to say upon this vexed question of intercommunicability, it is not because I am unwilling to discuss the matter. I have endeavored to put my views as clearly as possible in the report that is before the members of the Congress, nor do I see reason to modify the conclusions there indicated. It is because I am convinced that I and this Congress as a whole can accomplish greater good by discussing the broader subject of tuberculosis and its bearing upon the live stock industry of this country.

Now, in the first place, as a point upon which all are in absolute agreement, it may be laid down that under ordinary conditions tuberculosis of domestic animals does not develop by reason of infection from human beings suffering from the disease. The infection is from animal to animal. In every case so far studied, with very rare exceptions,—in cattle, at least,—the infection has originated by the introduction of an already infected animal from without. If, therefore, at the Experimental Farm, we can under special conditions infect cattle and hogs with material taken from a case of the disease in man, it has to be recognized that for practical purposes this mode of infection may be neglected. For practical purposes we have, as I say, to keep this in mind, that infection is introduced by an animal and is propagated from animal to animal. And thus, and this is a most important point, in our endeavors to arrest tuberculosis among live stock, it is possible to treat the matter wholly apart from man and considerations of tuberculosis in man. We can regard it as a wholly separate proposition.

But, in the second place, is it necessary to attempt such eradication of the disease among the domestic animals? It certainly is if (i) the disease causes or is capable of causing severe loss to the community, and if, commercially speaking, it inflicts grave losses upon an important industry, and if (ii)

affecting our domestic animals it is liable to spread from them to man. I put the commercial reason first because it is, taking everything into consideration, undoubtedly the more weighty at the present moment. I will not say because it is the reason which is the more likely to influence those directly concerned in the live stock industry, though one has to regretfully admit that what immediately appeals to the pocket is more potent than humane considerations, but, more especially, because at this juncture when there is doubt, not so much about the possibility of the infection of human beings from cattle as about the extent of that infection, the very fact that there is debate about any aspects of the matter weakens the popular appreciation of the validity of what is urged in this connection.

Is the existence of tuberculosis among the live stock a menace to that industry in this country? Undoubtedly it is, and that not so much because here in America the herds are already very extensively affected, as because of its great tendency to spread. Nevertheless in the Eastern States its ravages are already serious enough. If in Massachusetts, to give one example, the Cattle Commissioners estimate that about 10 per cent. of the cattle would react to tuberculin, it is a matter of urgent necessity to take active steps to arrest the disease, and Massachusetts is apparently not the State in which the cattle are most involved. With cattle, as with man, it may be laid down that the more existence is indoors, the less life is led in the open air, the more susceptible are the individuals to this disease. There have been numerous cases in the Eastern States in which every member of a dairy herd has been found a victim of tuberculosis; on the other hand the Western ranch herds which live almost entirely, if not wholly in the open, are with rare exceptions exempt.

But if the conditions in the States to the south of the border are the same as they are in Canada, then the disease is extending westwards, for Dr. Chown, of Winnipeg, calls attention to its beginning ravages in Manitoba. What we have to recognize is that once tuberculosis gains a hold among the beasts in any country it spreads with what I may truly term appalling rapidity. Let us take the case of Denmark. There, according to the records, in 1789, the disease was practically unknown except by name, in 1818 it was noted as being extremely rare, in 1840 it was rather extensively intro-

duced in cattle imported from the neighboring State of Schleswig-Holstein, and in 1850, ten years later, it had spread all over the country, so that by the end of the century a census of animals reacting to tuberculin, made by Professor Bang, gave these results—that a total of 5,306 herds contained 98,901 sound animals, to 45,889 that reacted—31.7 per cent., or roughly, out of every three animals one was infected.

This same sinister extension has been equally noted in Germany. As many here know they have in the larger German cities a singularly good system of abattoir inspection, the carcasses of the slaughtered animals being examined and passed or condemned by trained veterinarians. In Leipzig the regulations have been the same and the staff under the same management for many years, and there the statistics are as follows: Taking cows alone, in 1888, 17.5 per cent. of those slaughtered showed tubercular lesions, in 1894 the percentage had risen to 38.6 per cent., in 1895, to 43.51 per cent., and in this last year, taking all cattle, oxen, heifers, cows and bulls, of 22,918 animals slaughtered, 7,619, or 33.24 per cent., were found tuberculous. At the present moment it is estimated that over a large part of Germany more than 50 per cent. of the cattle are afflicted with the disease.

The same history comes to us from Australia. In the colony of Victoria tuberculosis was practically unknown in the earlier part of the century, and in 1895, 15 to 20 per cent. of the cattle slaughtered yielded evidences of the disease. Thus it is that unless active steps be taken, and those without delay, the outlook here is of the gravest.

It may be asked why, if bovine tuberculosis has been known for centuries, is it only of late that it has spread to such alarming extent? The answer would seem clearly to be that the spread is coincident with the greater development of the cattle industry and especially of the ease of transportation. In the old days the movement of cattle was as nothing compared to what it has become during this last seventy years; it is the frequent interchange of beasts and frequent introduction of new and tainted animals into the herds that has wrought the damage, a subsidiary influence being undoubtedly the general attempt to improve the milk-giving qualities of herds by the introduction of highly bred, and at the same time highly susceptible animals.

It is to the commercial and monetary significance of this spread that I would specially draw attention. Affecting the live stock industry, it affects what is far and away the greatest industry of the country. With the colossal development of manufactures and the great growth of your cities during the last few years, and with the increasing migration of the country-born into the towns, we are apt to think that manufactures, and that which is immediately connected with manufactures, namely, coal and iron mining, take a first place in the commerce of the country. Nothing of the kind. Agriculture easily takes the first place. Only two-fifths of the population of the United States live in towns of 2,500 inhabitants or more, three-fifths live "outside the zone of gas lights and bath tubs," and these three-fifths gain their living from the soil. The invested capital in the live stock industry exceeds that of any other in this country. Take only the case of Chicago, one of the great business centres, not merely of the States, but of the world; it is said on good authority that the business in its stock yards during the past year exceeded the combined other industries of that city by twenty million dollars. Figures like these give us some idea of what the live stock industry means to the country, and help us to realize that anything seriously affecting its prosperity must tell very directly upon the general welfare of the community at large.

Now while in its earlier stages tuberculosis appears to have relatively little effect upon cattle so that the flesh can safely be employed for food and the cows may be employed for breeding purposes, it has equally to be admitted that in its later stages it brings about emaciation, that is to say loss of flesh, it diminishes the milk flow and renders the milk unfit for human consumption. Further it shortens the lives of the affected animals for the dairy, as again for breeding purposes, and in these and other ways renders the animal which it affects, a source of very material loss to the farmer.

As pointed out by Dr. Salmon in his returns of meat inspections made by the officers of the Bureau of Animal Industry, of 8,831,927 carcasses examined during the two years, 1897 to 1899, only 7,015 were wholly condemned on account of tuberculosis, or less than one in one thousand. It must however, be remembered that these inspections are almost wholly, or to a very large extent, of western bred and of

ranch cattle in the stock yards, and give us thus but a fraction of what would be the returns for the whole country. The returns for the Eastern States, could they be compiled, would be very different. Still, I am not so much wishing to dwell upon present as upon probable future loss. In Saxony, where from 30 to 50 per cent. of all the cattle killed are diseased, the returns for 27 towns in 1895 showed that tuberculosis was found in 22,758 carcasses; of these 5.5 per cent had to be disposed of at a cheap rate, 2 per cent were wholly condemned and destroyed.

What I wish you to consider is the enormous loss that would accrue to this country with its millions of cattle, if only 1 per cent. of the animals slaughtered were the victims of advanced tuberculosis. The prospective loss is so great that this is immediately seen to be a national concern. Now, unless the progress of the disease be arrested we must be prepared to encounter such loss. Scotland is of smaller extent than some of your States, its population and the number of its cattle are less than those of not a few of the States. In 1893, so far as I can gather from various British returns regarding the prevalence of tuberculosis, the number of cattle infected in Scotland must have been less than 25 per cent., taking the whole country as a whole; in fact, probably less than 20 per cent., and yet Wright (*Veterinarian Journal*, 1893, p. 391) estimated the annual loss to the owners of dairy stock from this cause alone, as being £440,000 (or \$2,200,000.) It is losses of this order multiplied many fold that you have to contemplate if bovine tuberculosis be permitted to spread,—losses so great that unless steps be taken now when the disease is not extensively developed—compared, that is, with its prevalence in European countries—the cost of prevention and eradication will be so great that, as is the case now in Europe, the governments cannot undertake effective measures because the cost of anything like an active crusade with due compensation to the farmer would amount to so many millions that such an addition to the Budget dare not be proposed.

Now, in short, is the time to act before the diseases gets "out of hand." And now, I may add, what is necessary to arrest the spread of the disease is but a relatively small expenditure on the part of the different States. It costs Massachusetts about \$25,000 a year to pay for the diseased animals

killed, another \$25,000 for the general cost of inspection of live stock and farm buildings. I do not say that this expenditure is sufficient for a most active crusade, but undoubtedly, judging by the annual returns from that State, this expenditure coupled with the legislation there enforced with reference to the testing of animals entering the state, the inspection of marketed animals and the voluntary inspection of herds, is bringing about a steady and marked decrease in the prevalence of the disease.

Indeed, everything points to the fact that taken in time the eradication of tuberculosis from a herd or from a district need not be a costly matter either for the individual or for the community. More particularly, the employment of Bang's method of isolation of reacting animals affords us a means of rendering a herd wholly free from disease in the course of from three to five years. Loss it is true there is, but this is minimal to what it was under the earlier mode of killing forthwith every reacting animal. We now know that slightly infected animals, properly isolated, have before them from one to three years of usefulness and profit, either for breeding purposes or for meat production.

It is, I know, difficult to legislate for the future: the danger must be very present in order to stir our governing bodies. But here we have such immediate danger before us and a great future danger looms imminent. It is for the facts here recapitulated and others of like order, to be brought before the public and before your legislators in season and out of season that a national calamity may be averted.

As I stated previously I regard this as the strongest reason to be brought forward at this moment for the crusade against bovine tuberculosis.

Next, as to the second reason adduced, namely the possibility of the communication of the disease from cattle and other domestic animals to man. I state the matter correctly when I say that the majority of those who study this subject thoroughly agree that where there is but a slight and localized disease the danger from eating the flesh of such animals is nil, in countries that is, in which it is the universal custom not to consume raw meat. Only where there is extensive and generalised disease is the whole carcass to be condemned, as indeed we condemn the carcass of any animal suffering from general infection. The matter, however, very

largely reduces itself to this: What is to be our stand and what legislation is to be recommended concerning the employment of the milk of tuberculous animals?

All are agreed from positive demonstration that where there is recognizable tuberculosis of the udder the tubercle bacilli may pass into the milk in countless thousands, nay it is scarcely an exaggeration to say millions, and even where there is no udder tuberculosis, with moderately extensive disease of other organs, our own observations in Montreal, bearing out those of Ernst and earlier observers and being in turn borne out by the recent observations by Kempner and Rabjohn and others, are to the effect that tubercle bacilli may pass through the mammary gland and may be found in the milk, though these observations are still contested by certain equally good observers like Delepine of Manchester, who have not obtained the same results.

My own opinion is that tubercle bacilli, as I say, may pass into the milk both where there is udder disease and where this is not present, though in the latter case the numbers are apt to be very few.

Two questions now have to be answered which do not necessarily immediately depend one on the other: 1. Is the milk containing, or liable to contain, these tubercle bacilli capable of infecting man? And the other, 2. Is milk containing or liable to contain these bacilli to be used as a food?

The first of these questions I have endeavored to answer in the report already in the hands of the members of this Congress, and my opinion, as it will there be seen, is that such milk undoubtedly can set up infection, more especially in young children and young susceptible individuals. At the same time, very possibly too much stress has been laid upon this possibility of infection, namely, it seems to me from the evidence before us that, while possible, the infection by this means is not so very common.

This is, I admit, an individual opinion. It would be easy to consume a whole hour in putting before you the arguments for and against in this matter of infection by means of milk, and even at the end of that time I would have to confess that it is not possible to arrive at a sure conclusion as to the relative frequency of communication of the disease by this means.

I might point out, for example, that primary intestinal tuberculosis in infants is singularly rare in this country as compared with Great Britain and Germany, and might draw what appears to be—and what I think to be—a sound conclusion, that the lesser frequency of bovine tuberculosis in America helps to explain the difference. But, on the other hand, taking the British and German statistics, it might be urged that German authorities are ranged into two camps, each containing able and thoughtful men—those admitting the relative frequency of primary abdominal tuberculosis and those who deny this.

While admitting that the arguments on the one side are very powerful (you will find them excellently put forth by Dr. Salmon in a recent Report of the Bureau of Animal Industry and by Dr. Ravenel in the May number of the University of Pennsylvania Medical Bulletin), yet much has to be said on the other side. Thus Biedert and Biedert (*Berliner klin. Wöchenschr.* 38, 1901, p. 1177) point out that in the Bavarian Highlands, where bovine tuberculosis is common and children and adults employ raw milk and fresh cheese as their main diet, for long months consuming little else, human tuberculosis is not more common than usual and bears no relationship to the extent of bovine tuberculosis in the different districts. And in Great Britain, if we are to judge from the recent article by Armstrong, of Liverpool, (*British Med. Jl.* 1902, I, p. 1024), the returns of the Registrar General with regard to the infantile mortality from *Tabes Mesenterica*, upon which so great emphasis has been placed, are absolutely unreliable. I would have to point out that many cases of apparently primary lung tuberculosis may be due to infection through the alimentary canal, but as to the proportion of such cases we can hazard no estimate. The same is true with reference to tuberculosis of the tonsils and lymphatic glands. Such tuberculosis obviously originates from the mouth, but tubercle bacilli can reach the pharynx and so the tonsils both through the mouth and the nose, nor have we any justification in saying that the one or the other is the more likely to happen. Scrofulous lymph glands may thus be the expression of either alimentary or the respiratory infection.

Turn each way and no positive conclusions can be reached, we can only arrive at strong probabilities—with these exceptions, namely: that we have a select number of cases in which

no reasoning and reasonable man can doubt that the disease has been directly conveyed from bovine sources to man, either through wounds or through the use of milk. Secondly, that we have cases recorded by Lartigau and Ravenel in which tubercle bacilli resembling the bovine micro-organisms in their cultural characteristics and powerful pathogenic properties, have been isolated from cases of tuberculosis in man.

We are bound to conclude therefore that transmission is possible and does occur and this is more particularly in young children, but how frequently still remains a matter for individual opinion, and while I am still unable to regard the transmission as being as frequent as Ravenel in a recent remarkable address still holds to be the case, I can wholly agree with him in his conclusion, which is "that human and bovine tuberculosis are but slightly different manifestations of one and the same disease and that they are intercommunicable. (That) bovine tuberculosis is therefore a menace to public health; (that) we are not in a position at present to define positively the extent of the danger, but that it really exists cannot to be denied; (that) in the past there has probably been a tendency to exaggeration, but however great this may have been it does not justify any attempt at belittling the risk and it is folly to blind ourselves to it."

I would only add, that in order to retain the confidence of the public in our recommendations, we must endeavor neither to belittle nor to exaggerate, but to place before it the calm clear truth, and that truth is serious enough to incite to action.

This brings me to the final matter, namely, is milk containing or liable to contain these tubercle bacilli, to be used as food? To this there can only be one answer—an unhesitating NO. The public has a right to demand pure milk and to legislate in order to secure such pure milk, free from any pathogenic germs, whether of great or of little virulence. The suggestion that the farmer and the dealer shall be permitted to provide an animal fluid for human consumption in the raw state, gained from diseased animals, is utterly repugnant to all who consider the question for a single moment.

Only I would go further than mere legislation with regard to tuberculosis. I lay down that the community is absolutely justified in demanding milk that is free from contamination

with the germs not of one but of any disease, and more, is justified in demanding that it be delivered as free as possible from fermentative germs also. Those concerned in the supply and distribution of milk must see that it is to their interest as to that of the public to recognize these facts.

For it cannot be too strongly emphasized in connection with the dangers arising from impure milk that it is not, from the possibility of conveying tuberculosis that we have most to fear; the great danger from impure milk lies in its liability to set up gastro-enteritis in those drinking it, or in plainer words, acute digestive disturbances, with diarrhoea, especially in young children. I do not know if you appreciate the terrible mortality—one far exceeding that from tuberculosis however produced—which there is among children from six months to one year, a mortality which can only be put down to the consumption of milk which is crowded with various acid producing and putrefactive germs. Let me give you some statistics from the health reports of this city of New York.

Taking the reports of the health department for the years 1896 to 1899, and taking male children alone, (the notes that I have by me for female children are incomplete), I find that during these four years 913 male infants under the age of one year are registered as having died from all forms of tuberculosis, a total of 1989 children under the age of five years.

Now consider all forms of diarrhoeal disease. These we find are the figures; not 913, but 5,312 male infants under one year died from this cause, *or more than five and a half times as many as died from all forms of tuberculosis combined, pulmonary, abdominal, meningeal, etc.*, while 6553 children under five years died from the same cause as compared with 1989 from tuberculosis.

That this terrible mortality is due to badly kept milk admits of no doubt. I need but point out to you that if on the one hand a pure milk supply be obtained for young children as in St. Helens, England, and sundry French towns, as also here in Rochester and more than one city in America, the infantile mortality immediately drops in an extraordinary degree, as again that it is our practice as physicians the moment we are called to a case of infantile diarrhoea, to stop the use of ordinary milk and replace it by either the Pasteurized or the sterilized article, after the interval necessary to clear

out the intestines, and that if we are called early enough we are fairly sure in these cases to arrest the disease by this simple means.

Badly kept milk, therefore, is a great cause, nay is the great cause of infantile mortality and our legislation should not be directly merely against the employment of milk from animals suffering from the one disease, but should be directed to insure milk that is as free as possible from all forms of contamination. And, as I have urged before, if we introduce such legislation, if we make it an offence to employ the milk of animals suffering from any disease whatsoever, and demand that the number of bacteria per cubic centimeter shall not exceed a certain number, when ready for delivery, then, doing this we shall have removed practically all the dangers from infection by this source. Thus, while we are personally interested in tuberculosis, our endeavors must be directed towards a wider legislation.

THE VETERINARY ASPECT OF TUBERCULOSIS.

BY D. E. SALMON, D. V. M.,

Chief of the Bureau of Animal Industry, Washington, D. C.,
Chairman of Fourth Symposium.

My understanding of Dr. Adami's position is that he believes in the transmission of bovine tuberculosis to man, but he also believes that the danger has been exaggerated, and that the transmission is infrequent, even with children.

The first point in an investigation of this question is evidently to decide whether the disease is communicated at all. The second point, in case it is decided to be communicable, is as to the frequency of such transmission.

We may admit that there are many cases in which infected milk is consumed by children without producing bad results, and at the same time believe that in numerous other cases the disease is communicated. Infected milk may often be fed to pigs and calves experimentally without producing the disease, but we know from clinical observation that tuberculosis is frequently found in calves and pigs where it must have been caused by tubercular milk.

What, in my opinion, misleads those who argue as to the infrequency of the transmission of bovine tuberculosis to children is the contention that in such cases there should be found primary tuberculosis of the intestine. Dr. Adami, for instance, in his "Report Upon Bovine Tuberculosis and Other Matters," made to the Minister of Agriculture of the Dominion of Canada, says, "If thus, calves and swine are liable to be infected by such milk, and the mode of infection is in them clearly recognizable, why is it that we never find the same occurrence in man?" The answer to this is that in calves and swine infected by ingestion, the lesions are generally found in the glands of the head, neck and thorax, and in the lungs. When children are found infected in this

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manner the cases are not included among those likely to be caused by infected food. I have not made as numerous and careful studies of the cases of tuberculosis occurring in swine as is desirable, but judging from the ordinary examinations which I have witnessed, if we insisted upon finding primary lesions of the intestines in these animals as a criterion of infection by contaminated food, we should possibly conclude that this method of infection is almost as rare with swine as with children.

The increase of *tabes mesenterica* in England and Wales in children under one year, during a period when pulmonary tuberculosis decreased nearly 50 per cent., as shown by Thorne, and the increase of other forms of tuberculosis in Massachusetts and Michigan during a period when pulmonary tuberculosis was likewise decreasing, indicate that there is some difference in the etiology of phthisis and other forms of tuberculosis, which, so far as I am aware, has only been explained on the ground that the latter are caused to a considerable extent by ingestion of tubercular products. And if we admit this is a factor which is to be accepted as causing the difference, then we must admit that such infections are comparatively frequent.

Considering the wide range of animal life which may be infected with the bovine bacillus, from guinea-pigs to monkeys, the bovine bacillus with every species proving more virulent than the human bacillus, it appears to me that we have strong reasons for believing from this fact alone, that the bovine bacillus may also affect man. I know of no other germ virulent for such a wide range of animal life that is not also virulent for mankind. Nearly all investigations show that while the human bacilli in general are less virulent for the lower animals than the bovine bacilli, there are great differences in the virulence of bacilli from human subjects.

Vagedes, Lartigau and Ravenel have each isolated bacilli from human tuberculosis which apparently had the cultural characteristics and virulence of the bovine bacillus. These investigations would seem to prove that the bovine bacillus may cause tuberculosis in man, but in my opinion they do not prove that we should expect to obtain such virulent bacilli in all cases of disease produced in that manner. The bovine bacilli may in some cases retain their original viru-

lence for a considerable time, but in others it appears to me they might be more or less modified and escape identification.

If this view is correct, it is important to take measures to prevent the transmission of bovine tuberculosis, since each case produced in that manner is a spreading point of the disease from which other cases may be produced, and it is not unlikely that with the greater virulence of the bacilli in these cases more secondary cases are liable to occur than from cases in which the human bacillus is the infective agent. All of these observations indicate the importance of adopting measures for guarding against this source of the disease.

The veterinarian is concerned in this question from both the public health and economical points of view. It is a serious matter to have the food producing animals of a country diseased in the proportion found in many parts of the world. And what is most disquieting, we find tuberculosis in its greatest frequency in the herds of pure bred cattle—those upon which we must depend for the propagation of the beef and milk producing stock of the world.

The economical reason has not been sufficient to secure the control of this disease. And, without desiring in the least to exaggerate the danger to the public health, I am convinced that in order to secure the co-operation of the masses, we must show just what this danger is. Theoretically, tuberculosis may be controlled in animals as readily as other infectious diseases. The practical difficulties arise from its wide dissemination and the large number of animals affected.

The veterinarian's difficulties would be greatly simplified and lessened if he could permit the sale of milk from tuberculous animals; because, then, reacting cows might be isolated and held at a profit until they could be sold for beef. Neither public sentiment nor enlightened professional opinion would permit this except in the case of animals in the early stages of the disease—a condition difficult to define by existing methods of diagnosis.

In my opinion, we must first decide as to the importance of controlling this disease in the lower animals; and having reached a conclusion on this point, we must apply the well-known principles of sanitary science as thoroughly as the actual conditions of place and time will permit.

STATISTICS OF THE MORTALITY FROM TUBERCULOSIS IN THE CITY OF XALAPA FROM 1892 TO 1901 INCLUSIVE.

BY LUIS ESPINOSA, M. D., XALAPA, MEXICO.

The synoptical statement appended shows, in concise form, the mortality occurring from tuberculosis in the city of Xalapa from the year 1892 to 1901. It has been compiled from data in the Civil Registry of that city and includes only the deaths that took place in the city proper, ignoring those reported from other places in the canton, as the diagnoses in many such places, having been made by persons unacquainted with medicine, are not to be relied upon. For the grouping of the different forms of tuberculosis, the detailed classification of Mr. Jacques Bertillon, which has been universally adopted with the object of rendering uniform statistics on the causes of death, has been followed. I have preferred the making of a small tabular statement, as being at a glance more easily comprehended than any minute explanation. The statement has been prepared with the greatest possible care and fidelity, but I must observe that it is open to some criticism, since during the earlier years covered, the medical service of the city was somewhat deficient and certificates of death were accepted from persons but little versed in medicine. Besides this, in a majority of cases, the diagnoses were made entirely from the clinical records without recourse to bacteriology, except in a few cases.

As a complement to the statistics furnished, I would mention that the population of Xalapa, according to the census data in the public offices, was 18,168 in the year 1895, and 20,388 in 1900. It has not been possible for me to obtain that of previous years.

It is impossible to say with any precision what treatment for tuberculosis has been employed, owing to the different

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methods followed by physicians. However, in general terms, it may be said that creosote and its derivatives have been most used and, more recently, the cacodilate of sodium with the creosote, not neglecting the well known symptomatic treatment.

The city of Xalapa (State of Vera Cruz, Republic of Mexico) is situated on the slope that descends from the east side of the central table-land to the Gulf of Mexico. It has an elevation of 1,300 meters above sea level and, resting on the declivity of a mountain, is surrounded by luxuriant forests that make its climate moist and rainy. The meteorological conditions of the city, recorded by the Central Observatory of the State, are the following, which I note, taking the average for seven years (1895 to 1901); it not having been possible to take the average of ten years, as the Observatory has not yet been established that long.

Average temperature for seven years, 17.8° Centr.

Average maximum temperature for seven years, 32.1° “

Average maximum temperature for seven years, 4.1° “

Average barometric pressure, 648.61 m. m.

Average humidity of the air, 78.61

Average annual rainfall for seven years, 1537.27 m. m.

From the foregoing data, the value of the locality for the treatment of tuberculosis can be determined.

Xalapa, May 1, 1902.

STATISTICAL STATEMENT

Of the deaths occurring from Tuberculosis in Xalapa from the year 1892 to 1901 inclusive.

TUBERCULOSIS.

YEARS	Of the Larynx	Of the Lungs	Of the Meninges	Abdominal	Pott's Disease	Cold Abscess (Abscesso frio)	White Swelling	Of other Organs	General	TOTAL	Deaths from all causes	Percentage of Deaths from Tuberculosis	Percentage for ten years 8.49
1892	2	35	3	3	.....	.....	.....	4	1	48	749	6.40	
1893	.....	58	.....	5	.....	.....	1	4	.....	68	875	7.77	
1894	1	40	4	4	.....	.....	.....	4	.....	53	839	6.31	
1895	1	57	6	3	.....	.....	.....	3	1	71	873	8.13	
1896	1	54	3	3	.....	.....	2	2	.....	65	774	8.39	
1897	4	47	11	4	.....	.....	.....	.....	.....	66	743	8.88	
1898	4	61	10	4	.....	.....	.....	2	.....	81	909	8.91	
1899	3	77	7	7	1	.....	1	2	3	101	983	10.27	
1900	1	70	1	4	.....	.....	.....	2	3	81	1019	7.94	
1901	3	73	4	18	.....	.....	.....	5	1	104	937	11.09	
	20	572	40	55	1	.....	4	28	9	738			



PROMINENT SANITARIANS IN FAVOR OF LEGISLATION TO PREVENT
SPREAD OF TUBERCULOSIS.

HON. ABRAM H. DAILEY,
of Brooklyn, N. Y.,
Vice Pres. American Congress of Tuberculosis.

DR. T. D. CROTHERS,
of Hartford, Conn.,
Vice Pres. American Congress of Tuberculosis.

PROF. THOS. BASSETT KEYES,
of Chicago,
Vice Pres. Am. Congress of
Tuberculosis.

SIR JAMES A. GRANT,
of Ottawa,
Pres. of the Canadian Society for the
Prevention of Tuberculosis.

DR. J. J. GIBSON,
State Veterinarian, Iowa,
Vice Pres. Am. Congress of
Tuberculosis.

DR. GEO. G. VERBRUYCK,
Vice President for Wyoming,
Cambria, Wyoming.

MIHRAN K. KASSABIAN, M. D.,
of Philadelphia, Pa.

DR. T. B. LACEY,
Vice President for Iowa,
Council Bluffs, Iowa.

THE ARMY AND TUBERCULOSIS.

BY CAPT. H. D. SNYDER, ASST. SURGEON U. S. A.
Delegate to the American Congress on Tuberculosis.

To the President and Members of the Congress on Tuberculosis:

With regard to tuberculosis in the Regular Army, I desire to remark that before a soldier is enlisted, he is subjected to a rigid physical examination, and rejected if there is the slightest suspicion of a tubercular taint. It is not necessary that there be active manifestations of the disease. Violet-colored, adherent scars in the cervical region, a flat chest, narrow or elongated thorax, or the condition known as "chicken-breast" are ample causes for rejection, for the reason that military experience has proven that a large proportion of such cases afterward fall a prey to consumption and become a source of weakness to an army. Therefore the men sent from the recruiting depots to the various military stations are as nearly physically perfect as can be obtained. Yet tuberculosis is by no means uncommon in the military service. The report of the Surgeon-General for the year ending June 30th, 1901, gives the rate of admission to sick report from this disease as 4.92 per thousand. Despite the examination, no doubt many men with latent tuberculosis pass the physician, nor is this to be wondered at, for such cases often give no appreciable physical signs. In other instances the disease is, no doubt, contracted after enlistment.

From a number of observations, I have formed the impression that cases developing in the Philippines, unless quickly removed to a temperate climate, are very liable to run an acute course, and pulmonary tuberculosis is a constantly present, much dreaded curse among the natives.

The careful surgeon removes to the hospital every suspicious case of long-continued or persistent cough, and devotes

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his energies to determining whether the trouble is tubercular or due to other causes. Having demonstrated the presence of bacilli, and the case not having improved, one of two methods should be pursued. The soldier should either be discharged from the service for disability, or transferred to the Army Sanatorium for Consumptives at Fort Bayard, N. M. This sanatorium, erected in 1899, is in every respect a model of its kind, where patients receive treatment by the most modern approved methods, in a high, dry region of known reputation. Thus, for the Army I claim that, under the wise foresight and supervision of our Surgeon-General, there has been accomplished, by military order, a large portion of what this Congress is endeavoring to accomplish by legislation, viz.: The separation of the infected from the healthy, the removal of the former to one of the most favorable, easily accessible climates in the world, and their treatment in a model sanatorium. The results foreshadow what may be accomplished when this method of dealing with this disease become general, and are fully set forth in the recent report of Major D. M. Appel, Surgeon, U. S. Army, in charge of the Army Sanatorium,—a report of which has been widely published in medical journals, and commented upon editorially in non-professional periodicals, and which will, no doubt, be brought to the notice of this meeting in the regular order of business.

Following the policy adopted in 1899, the Surgeon-General has recently directed Major W. C. Gorgas, U. S. Army, who has gained an international reputation by his successful eradication of yellow fever from Havana, to remain in that city and take up the problem of tuberculosis.

THE EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS BY ROENTGEN X-RAYS METHOD.

BY MIHRAN K. KASSABIAN, M. D.,

Delegate from the State of Pennsylvania,

In charge of Roentgen Rays Laboratory and Instructor in Electro-Therapeutics in Medico-Chirurgical College and Hospital, Philadelphia;

Chairman Medico-Legal Committee of American Roentgen

Rays Society; Member of the New York Legal

Society; Philadelphia County Medical

Society; American Medical

Association Etc.

Mr. President, Members of the Congress, Ladies and Gentlemen:

The prophylactic legislation, embracing the social and municipal affairs of tuberculosis, having been carefully and lucidly discussed by my predecessors, I now take great pleasure to further discuss and describe another very important view or point—namely, “the early diagnosis of pulmonary disease by means of the Roentgen X-Rays method.”

Briefly, the importance of its early diagnosis has been proven more than once by statistics from the various sanatoriums, in that when diagnosis has been made, treatment is at once instituted, resulting in either arresting the course of the disease, or better still, effecting a permanent cure, thus lowering the mortality rate nearly seventy-five (75) per cent.

Unfortunately, the earliest diagnosis of pulmonary tuberculosis is often delayed or neglected for two main reasons—one, because of the fact that the patient does not present himself sufficiently early enough to the physicians. Second, Because of the fact that the physician who takes charge of the case is often misled by the symptoms, the latter being usually insidious non-characteristic in onset; in fact in the majority of instances the patient does not claim to be sick enough to call the attention of a physician. As just remarked, pulmonary tubercular disease is usually insidious in onset, and the symptoms that the patient complains of are

usually first those of general ill-health, altogether being deceptive both to the patient and the physician. Furthermore, the patient may present himself to a physician, stating the symptoms that he is complaining of, and the physician in turn being negligent or perhaps unskilful, treats the supposed ill-health, symptomatically, failing to reveal by former methods of examination the true cause and nature of the disease. In fact, in many instances the patient is being treated for simple cold, a form of bronchitis, or some other disease, when really the true condition of disease is overlooked, and the tuberculous process being allowed to progress to a final termination, when at last the true nature of the disease is discovered, but, alas, too late for remedial measures to do any good.

I admit that it is a difficult task to make a proper diagnosis of this disease, but still there are certain symptoms characteristic, more or less, of this condition, so much so that when such a symptom, as I will describe below, makes its appearance, it is our purpose to investigate thoroughly the causation, and therefore hope to find the exact trouble, using, of course, the proper means and methods of diagnosis at our command at the present time, including the X-Rays.

The development is very insidious, with increasing dyspepsia and anemia, the loss of appetite, distress after meals, and feeling of general lassitude and weakness, often misleading the patient and the physician for some time, until the occurrence of an irritable heart.

COUGH.—This is one of the essential features of pulmonary disease, though often slight, and even wanting. When present, however, it is slight, dry and hacking, referred to the throat or stomach.

EXPECTORATION.—This is not necessarily characteristic of pulmonary tubercular disease in its incipency, but if there be any material expectorated a bacteriological examination should be made which will clinch the diagnosis, provided the characteristics causal bacillus be discovered. Often, however, this sign or symptom is absent.

HEMOPTYSIS.—Hemorrhage from the lungs may be slight in amount or on the other hand it may be copious and prove rapidly fatal, though hemoptysis is rarely the direct cause of death in this disease. It is most apt to occur dur-

ing the early stages of this pulmonary trouble and usually it is the first clinical symptom which excites the suspicion of the patient.

HISTORY.—Heredity here plays a most important role and often furnishes the examining physician a clue to the exact nature of the disease. The personal history however, surpasses in point of import the family history. Age, occupation, general health, race, and previous diseases as influenza, bronchitis, pleurisy, etc., are all predisposing etiological factors.

TEMPERATURE.—The presence of a slight rise in the temperature in the afternoon or evening, if associated with either local or general disturbance, should arouse strong suspicion, since it would be difficult to overestimate the diagnostic importance of this symptom. Trudeau believes that when any disturbance of the health exists and the evening temperature ranges above 99.5 F. there is almost surely tuberculous disease present in the patient's system.

PULSE.—In the early stage of this disease some observers believe that the pulse rate is quickened and more or less characteristic of pulmonary disease, this symptom usually preceding the appearance of the bacilli in the sputum by weeks and even months.

SPUTUM TEST.—This consists in examining microscopically the sputum for the detection of the bacillus of Koch. Off and on undoubted cases of pulmonary tuberculosis are discovered in which the test for the bacillus is negative, although the non-discovery of the bacillus in the sputum is not indicative of the fact that there is not present pulmonary tubercular disease. It must be conceded that unless other methods of diagnosing pulmonary tuberculosis than the demonstration of the tubercle bacillus in the sputum be resorted to, not a small minority of cases would go unrecognized, some for many months, even to the extent of a year, and further some even forever.

TUBERCULIN TEST.—Our expectations have not been fulfilled as a diagnostic agent. The value of this agent has been expounded by some and by others on the other hand it has been condemned.

PHYSICAL SIGNS.—The most characteristic signs of an incipient or early stage of tuberculosis can be briefly sum-

marized, as follows:—Defective expansion (often termed “lagging”) as demonstrated by inspection and palpitation, a localized increase or intensification of the tactile fremitus over the normal, enfeeblement of the normal vesicular murmur with prolongation and the elevation of the pitch of expiration. To these signs may be added the characteristic clicking rales characteristic when present, often better brought out by coughing, and when present is almost conclusive evidence of the presence of pulmonary tubercular disease. Percussion may reveal an impaired or deadened note, but this sign is quite unreliable in the earliest stage, becoming more diagnostic, however, as consolidation advances.

After having exhausted all our methods of examination and are still not endowed with a positive diagnosis or conclusion, we are exceedingly fortunate to have at our finger's end a diagnostic agent which is invaluable, as we can “see” wherein and how the diseased condition extends, namely the Roentgen X-Rays.

METHOD OF EXAMINATION BY MEANS OF X-RAYS.—In order to make proper examinations of diseased lungs, it is necessary that the physician in chief or rather the skiagrapher is fully acquainted with the conditions of the normal lung, without this and an experience of quite some time no good results can be accomplished on the part of the examiner. In other words, a certain amount of practice or experience and a thorough knowledge of the fluoroscopic picture of a normal chest are essential for the correct as well as successful use of the fluoroscope. There are two methods of examination, namely, fluoroscopically and secondly, skiagraphically. The fluoroscopic examination consists in placing the patient in such a position in front of the Crooke's tube (twenty inches distant) and placing then the fluorescent screen over the chest of the patient. The clothing should have been removed previously over the entire chest so that the sides may be compared with one another. The normal lung appears transparent to the examiner's eye, but when there is a diseased spot in the lung area it is characteristic for him to view a spot of haziness or clouding, as it were. The diaphragm on the affected side can also be viewed to be somewhat lagging or impaired in its movements—up and down during the acts of inspiration and expiration. The lung

should be viewed with the fluoroscope both at the end of the deepest inspiration and expiration possible, in order to determine any diseased areas. The patient should be viewed anteriorly first and then posteriorly—lastly the two view-fields should be compared with one another, etc.

Skiagraphic examination refers to the keeping of the shadow, permanently, on sensitive photographic plates.

As to the relative value of the fluoroscopic and skiagraphic examination, during my vast experience, since the discovery; in the hospital and my private laboratory, I have been able to show more detail by skiagraphic examination than by fluoroscopic examination. I prefer the former method of examination for the simple reason that the time exposure is very short—10 to 20 seconds, during which period of time the patient is requested to remain absolutely quiet, stopping all respiratory movement by keeping the mouth wide open. The full details of technique has been described in my text-book on the "Roentgen Ray," which is in press. I will pass these skiagrams, some of them were already exhibited in the museum; they will explain every stage of tuberculosis. To show the value of X-Rays in *incipient stages* of tuberculosis, I desire to call your attention to the cases of Dr. J. M. Anders, Professor of Medicine, Medico-Chirurgical College, of Philadelphia, which cases I had the pleasure to study with him.

The practical utility of the X-Rays in the diagnosis of incipient pulmonary tuberculosis may be further illustrated by the notes of the following cases that fell under my care:

*The practical utility of the X-rays in the diagnosis of incipient pulmonary tuberculosis may be further illustrated by the notes of the following cases that fell under my care:

CASE 1.—S. H., female, married, age 28 years, cigar-maker, first applied at the outpatient clinic of the Medico-Chirurgical Hospital, June 6, 1899, for treatment. A brother died of acute phthisis. Patient had had some childish disease, but later in life nothing worthy of comment until the outset of the disease for which she sought medical advice. Her illness began with paroxysmal pains in precordia, and this lasted for a considerable period of time. The day previous to her visit, she had expectorated blood, which she states was "coughed up;" quantity of blood was small, bright-red and frothy. The abnormal physical signs were impairment of percussion-note and harsh breathing, with prolonged, high-pitched expiration at right apex; and lack of vesicular quality of the breath sounds, with prolonged, high-pitched expiration at left apex; all signs, however, were less marked than at right apex. Microscopic examination of the sputum gave a negative result. Later, an X-ray

examination showed an abnormal shadow or marked haziness at apex of both lungs, more marked at right, i. e., the apex showed the abnormal signs the more pronounced. (See Fig. 1.)

CASE 2.—P. K., age 29 years, cigar-maker, applied for treatment at outpatient clinic, November 10, 1899. The family history is entirely negative as to pulmonary tuberculosis. Patient escaped childish diseases; he had had typhoid fever one and a half years previously, confining him to bed for ten weeks. Since then has been complaining of persistent gastric disturbance, as evidenced by eructations of gas and dull pains in the epigastrium after meals; there has been some dyspnea on exertion and cardiac palpitation at intervals. A few days prior to his first visit, patient began to expectorate bright-red blood; this was still present. Subsequently there was neither cough nor expectoration. The amount of blood lost did not exceed half an ounce. An examination of the throat and larynx gave a negative result, and the same was true of a physical examination of the thorax, although the chest was of the paralytic or phthisical type. After excluding all the causes of hemoptysis except pulmonary tuberculosis, an X-ray picture was made by Dr. Kassabian. This showed commencing consolidation over circumscribed areas on both sides just below the apices. (See Fig. 2.)

CASE 3.—J. O., age 14 years, errand boy, was admitted to the wards of the Medico-Chirurgical Hospital, November 13, 1899. Father died, aged 52 years of heart and lung disease, the precise nature of which the patient does not know. One sister is in delicate health. The lad had had the usual diseases of childhood and a severe illness of unknown character a few years since; had always been in delicate health. The present illness began about four weeks before he fell under my observation. The first symptoms complained of were malaise, headache, a slight cough in the evenings and mornings; more or less abdominal pain, associated with slight diarrhoea. The evening temperature on admission was on the average about 100 F., but abdominal pain, diarrhoea and cough had largely subsided. Physical examination showed a paralytic of phthisical thorax, without any other abnormal physical signs. After excluding typhoid fever, latent tuberculosis was suspected, and tuberculin was injected; this was followed by a positive reaction. An X-ray examination was also made by Dr. Kassabian and showed a slight haziness below the left clavicle. (See 1, 12, '01 American Medical Association Journal.)

The value of X-Rays examination is understood by the most leading physicians in this country and the continent, and is in most leading physicians in this and the continent and is in daily use by the majority of the phthisiologists, both in private and sanatoria and hospital practices. I hope that I have fully demonstrated the value of this method of examination both for diagnostic and corroborative purposes.

THE INFECTIOUSNESS OF TUBERCULOSIS AS ILLUSTRATED IN A SINGLE FAMILY.

BY H. C. FAIRBROTHER, M. D., OF EAST ST. LOUIS, ILL.,
Professor Railway and Military Surgery, Marion-Sims-Beaumont College
of Medicine, St. Louis, and Vice President American
Congress on Tuberculosis, for Illinois.

The family of C. L., living in East St. Louis, Ill., in the year 1893, consisted of father, mother and seven children. They were of robust German stock, all in excellent health, had practically never had any sickness in the family, and with no history, upon either side, of tuberculosis as the following recital will show:

C. L., age 64; height 5 feet 10 inches, weight 178 pounds; of ruddy complexion and in perfect health, so far as revealed by physical examination, with the exception of a large right inguinal hernia. Father died at age of about 60; cause unknown; mother at the age of 77, of senility. He had five brothers, four living, ages from 60 to 74; all in good health; one dead, age 30, cause unknown, but said to be dropsy from exposure in army. Two sisters, both living; ages 66 and 72; health good. Never heard of any of his people dying of consumption.

Mrs. M. L., wife; died recently at age of 52 of tuberculosis, during the epidemic in the family. Her father and mother each died at the age of about 60; cause unknown, but she did not believe tuberculosis was a factor. Neither were any of her brothers or sisters, so far as she knew, affected by this disease.

In the month of November, 1893, Herman, the oldest son, aged 25, in robust health, attended a masquerade ball, dressed in calico costume. Upon the following day he was seized with a chill which was followed by what seemed to be an ordinary spell of pneumonia. He did not fully recover from this attack, the cough remaining and the symptoms finally deep-

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ening into well marked phthisis pulmonalis of which he died in April, 1894. During the year 1895, Annie, age 19, and Gerhard, age 21, both developed pulmonary symptoms which increased in severity; Annie dying April, 1897, and Gerhard in June of the same year. During this year of 1897, the mother, and also Clara, age 17, became affected by the disease, the mother dying March, 1898, and Clara in September of the same year, while Katie, age 16, died in July, 1899, of the same affection.

Mary, age 32, and Christine, age 18, are living and, though apparently in good health, each had the pink, pale complexion and the peculiar bright eye that suggested tuberculosis.

Thus, in the short space of five years six members of a bright and healthy family all succumbed to the ravages of this disease.

This family lived in a well-built four-room cottage, where they had resided for the past twenty-five years. The house had no means of ventilation except the windows and doors, which were usually kept closely shut, especially at night, owing to a popular and mistaken prejudice against night air, particularly upon those suffering from disease of the respiratory organs.

All the nursing of the sick was performed by members of the family, one or more remaining in the room with the invalid and sometimes resting upon the same bed with her. The deaths in the family seemed to follow along the line of those doing the greatest amount of nursing. No modern means of prophylaxis or therapeutics were adopted. The writer did not attend this family, but was personally acquainted with all the facts in the case.

The report of this case is given not for the purpose of enlightening this Congress, for it is presumed that its members are harmonious upon the subject of both the infectious and contagious character of tubercular consumption, but, if this Congress is to fulfil its higher mission of spreading enlightenment to the public, and rendering aid to state and municipal authorities with regard to the best means of prophylaxis, it must extend its work in the direction of the accumulation of statistics, and presenting the results of its labors in the most tangible and effective form; therefore, the report of the numerous deaths in this family in so short a time is given, first, because the disease in this instance has no coloring of

hereditary transmission, and second, because it presents in a tangible and impressive manner, the evidence of the infectiousness of consumption. It is true the infectious character of this disease has long since been established in the medical profession. The discovery of its inoculability by Villemin in 1865, and the discovery of the bacillus by Koch in 1882, the growth of the bacillus in culture media, and its power, when transplanted, of producing the disease, fully complete the chain of infective evidence. But it must be conceded, that even in the medical profession, a very considerable number may be found who have not followed this evidence closely, and yet a large number, who, though having followed and admitted the evidence, are lukewarm with regard to its application. So likewise among the general public; while a few have kept pace with the times upon this subject, the great majority are in ignorance with regard to it; and people generally, are much more ready to be convinced by facts, plainly presented to their view, than by the results of scientific investigation. When any great scientific discovery is announced, no matter how vital its importance, the public are very little moved by it, and prefer to give it ample time for trial and criticism. But all life seeks immortality, and any deviation from the normal course which, in a visible manner, threatens death, is fled from with terror. Mankind will flee from a danger which they can see with their eyes, but will not be frightened by any scientific deduction. An instance where a certain disease has produced a terrible havoc in a family, as in the one reported, may cause a temporary fright in the immediate neighborhood, but the effect will only be local. It soon dies away, to be heard of no more; but if a large number of such cases can be accumulated and preserved and placed in concrete form, public interest will be appealed to and a great impetus be given to the execution of prophylactic measures. The ancient and delusive doctrine of the heredity of this disease still holds sway, not only in the minds of the public, but also in the medical profession, to such an extent as to greatly overshadow the well demonstrated and more vital doctrine of infection. Until public sentiment is more fully imbued and deeply impressed with the idea of the infectious nature of tuberculosis, no effective prophylactic measures can be adopted. It is useless for boards of health, or other State or municipal authorities,

to enact laws unless supported by public sentiment. It is often in vain for the attending physician to urge the practice of modern means of prevention when these may be scoffed at by the family, or even ridiculed by some member of his profession. It is, therefore, by the presentation of the more striking illustrations of the dangerously infective character of this disease, that education will be disseminated, and a sentiment aroused that will aid the medical profession and boards of health in the adoption of measures of prophylaxis that will, at least to some extent, limit the fearful devastations of this insidious enemy of the human race, which like,

"Impartial Fate,
Knocks at the cottage and the palace gate."

TUBERCULOSIS IN THE ARGENTINE REPUBLIC.

BY DR. SAMUEL GACHE,

President of the Argentine League against Tuberculosis, Laureate of the
Institute of France, Graduate of the Faculty of Paris, Specialist
in Obstetrics of the Hospital Rawson, in Buenos Ayres.

The Argentine Republic has to-day a population of five million inhabitants, and out of this number, tuberculosis kills annually from eight to ten thousand people.

The repartitions of mortality of tuberculosis in the different cities of the Republic is very unequal, as it is easy to be seen by the following tables:

City of Buenos Ayres 10 per cent. of the general mortality;
La Plata 8; Santa Fe 10; Parana and Uruguay 8; Corrientes 12; Cordova 8; San Luis 7; Mendoza 8; San Juan 6; Rioja 5; Santiago del Estero 9; Catamarca 4; Fucuman 7; Salta 6; Jujuy 4; Rosario 7.

Let us see particularly what is going on in Buenos Ayres where the population is now at 850,000 inhabitants. All the causes which bring on tuberculosis are to be found, as in every large city: alcoholism and misery; agglomeration and bad alimentation; in one word, every circumstance that favors contagion.

To prevent the diffusion of the malady, the general supervisors of Public Assistance have adopted, and institute every day all measures advised by experience: isolation, diminution etc. By considering the mortal statistics of Buenos Ayres, we see that tuberculosis has during these last years caused the following mortality:

Read before the American Congress on Tuberculosis, at New York, June 3, 1902. Translated by F. T. Labadie, M. D., of New York.

Years.	General Mortality.	Mortality by Tuberculosis.
1870.....	5,886.....	495
1871.....	20,748*.....	274
1872.....	5,671.....	597
1873.....	5,891.....	755
1874.....	7,190.....	685
1875.....	6,754.....	850
1876.....	5,297.....	783
1877.....	5,598.....	716
1878.....	5,550.....	756
1879.....	6,793.....	776
1880.....	7,073.....	774
1881.....	4,316.....	782
1882.....	7,196.....	808
1883.....	8,601.....	982
1884.....	8,242.....	1,053
1885.....	9,295.....	1,017
1886.....	9,994.....	863
1887.....	12,084.....	1,041
1888.....	12,367.....	1,067
1889.....	14,736.....	1,245
1890.....	16,417.....	1,168
1891.....	13,014.....	1,024
1892.....	13,341.....	1,078
1893.....	13,000.....	1,245
1894.....	13,702.....	1,283
1895.....	14,947.....	1,166
1896.....	13,645.....	1,268
1897.....	14,126.....	1,681
1898.....	13,533.....	1,688
1899.....	13,567.....	1,667
1900.....	16,504.....	1,898
1901.....	15,807.....	1,675

*Epidemic of Yellow Fever which caused 13,762 deaths.

The proportion of mortality by tuberculosis is the following in 10,000 inhabitants:

Years.	Mortality by Tuberculosis by 10 000 in- habitants.	Mortality by Consumption by 1,000 gen- eral deaths.
1892.....	19.1.....	79
1893.....	19.0.....	85
1894.....	19.7.....	87
1895.....	17.2.....	78
1896.....	17.8.....	91
1897.....	19.1.....	99
1898.....	19.4.....	110
1899.....	14.9.....	88
1900.....	17.0.....	84
1901.....	19.8.....	106

The city of Buenos Ayres has 24 large hospitals, of which 5 are foreign; it has another one exclusively adopted to the treatment of infecto-contagious diseases, and to-day a special one for consumptives is being built.

Isolation, disinfection, the construction of sewers, an abundant provision of pure drinking water, and some other

public sanitary measures have reduced the amount of the general mortality of Buenos Ayres to 19 per 1,000 (one thousand), and it will certainly fall to 18 and 17 in a short time.

In this city the league against tuberculosis in the Argentine Republic has been formed, with its sub-committees in the principal cities of the interior.

This league makes an active propaganda in favor of prophylaxy; it has started popular lectures, it publishes a monthly review which is gratuitously distributed by thousands of copies, and lately it has sent all over the country millions of popular instructions and catechisms against tuberculosis and alcoholism.

Besides, it has asked from the Congress the necessary authorization to have every year a lottery, the proceeds of which will be dedicated to the erection and the maintenance of a popular sanatorium for poor people. It has also established a dispensary on the basis of that of Calmette of Lille.

In the Cordoba mountains there is a special sanatorium for consumptives, and at Mar del Plata there are two asylums for weak and tuberculous children.

Buenos Ayres, March 30, 1902.

TUBERCULOSIS IN INDIANA.

BY T. HENRY DAVIS, M. D., OF RICHMOND, INDIANA,
Vice President of the American Congress on Tuberculosis for Indiana,
and ex-President State Board of Health of Indiana.

The death statistics for 1900 and 1901 are satisfactorily accurate, and the figures for those two years only are therefore presented. The following table shows the deaths from all forms of tuberculosis for the two years named:

TUBERCULOSIS OF	1900		1901	
	NO. OF DEATHS.	DEATH RATE PER 100,000	NO. OF DEATHS.	DEATH RATE PER 100,000
Lungs, - - - -	3364	133.6	4169	163.5
Meninges, - - - -	173	6.8	153	6.7
Peritoneum, - - -	109	4.3	187	7.4
Skin, - - - -	....	....	....	....
Other Organs, - -	127	5.0	60	2.4
General, - - - -	872	34.6	79	3.1
Total Tuberculosis Deaths,	4645	184.3	4648	179.7
Total Deaths from all causes,	35,516	Per 100,000 142.0	36,544	Per 100,000 145.2

It appears from the above figures that in 1900, 13.07 per cent. of all deaths was from tuberculosis, and in 1901 the percentage was 12.55. Or expressing the conditions in another way, tuberculosis caused one in every 7.6 deaths in 1900, and one in every 7.9 in 1901.

The next table shows the deaths by months for the two years.

MONTHS	1900			1901		
	PULMONARY	NOT PULMONARY	Total	PULMONARY	NOT PULMONARY	Total
January, -	300	117	417	368	20	388
February, -	300	122	422	390	49	439
March, - -	318	136	454	388	42	420
April, - -	339	116	455	408	40	448
May, - -	266	139	405	378	39	417
June, - -	301	93	394	310	37	347
July, - -	244	138	382	349	44	393
August, -	271	121	392	354	49	403
September,	212	131	343	266	43	309
October, -	274	92	366	30	47	349
November,	248		316	321	35	356
December,	291	108	399	335	34	369

In both years, April shows the most deaths from pulmonary tuberculosis, and the total deaths from all forms of tuberculosis are also greatest in April. September shows the least number of deaths from the pulmonary form in 1900, and October the least in 1901.

The third table shows the deaths for the two years from pulmonary tuberculosis by ages.

PULMONARY TUBERCULOSIS BY AGES FOR THE
YEARS 1900 AND 1901.

Ages...	0	1	2	3	4	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50
1900...	43	13	9	3	3	31	59	318	543	491	338	289	252	199
1901...	76	35	14	12	7	28	84	389	676	559	490	356	287	223

Ages...	50-55	55-60	60-65	65-70	70-75	75-80	80 and over	Unknown	Total
1900 ..	158	155	131	113	92	50	29	45	3364
1901...	174	166	182	148	105	73	39	46	4169

This table shows that deaths from tuberculosis begin to rise rapidly at 15 years of age, and reach a climax at 25. From 25 to 30 it is almost equally destructive and begins to decline at 45. The fact that the disease causes the most deaths from 20 to 25 indicates that school life, which is just over, is a causative factor. Foul air being the first and greatest cause of consumption, and as so many school rooms have foul air from lack of ventilation, it seems reasonable to believe that the schools play a not insignificant part in producing consumption.

There is no State hospital or sanatorium for consumptives in Indiana. The facts and arguments for such an institution are overwhelming. There are 1013 townships and 95 poor-houses in the State. There is an average of two consumptive patients in each poor-house, a total of 190. On the average there is one consumptive in each township being cared for by township relief. At the lowest estimate, therefore, there are 1200 consumptives being cared for all the time in Indiana. Every one of the patients will die, will be buried at public expense, and will infect the house he occupied. If the deceased is a parent, children will almost certainly be left to be cared for at the public expense. If all of these were cared for at a State sanatorium, 25 per cent. would be cured and preserved to their families.

As to sex, the pulmonary tuberculosis deaths are divided as follows: Males, 1705, females, 2464. The percentages are, females 59 per cent.; males 41 per cent. Of the females who died of pulmonary tuberculosis in 1901, 1,353 were between the ages of 15 and 35; 82 per cent. were mothers. Counting an average of two children to each one, there was, therefore, produced by tuberculosis in 1901, 2,218 orphans, and many of these have become public charges. This phase of the tuberculosis question is certainly most important, for the unnecessary making of orphans is bad business.



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IS TUBERCULOSIS A DISEASE OF ENVIRONMENT ONLY?

BY HENRY MCHATTON, M. D., MACON, GA.,

Vice President of the American Congress on Tuberculosis.

In this paper it is proposed to show that considerable numbers of individuals of the Caucasian, Asiatic and negro races have been practically immune from this disease under certain surroundings, whereas under other conditions they have been its victims in large numbers.

Prior to 1860, a vast majority of the negroes in the Southern States and in Cuba lived on plantations. These plantations were to all intents and purposes isolated communities of from one hundred to five hundred inhabitants. The negro quarters were invariably placed in the healthiest available spot, the houses usually consisted of two rooms and were never over-crowded, each room had its open fire place, and fuel was abundant—thus the best ventilation was secured all the year around. There was ample air space between the houses, and the quarters always had an abundance of shade trees. On account of the climate, most of the idle time was spent out of doors. Absolute cleanliness was enforced in and around the quarters. Each house, whether wood or brick, had its coat of white-wash inside and out, three or four times a year, and oftener if any disease threatened. Communication between plantations was not encouraged, and when any disease became prevalent, absolutely prohibited. The water supply was always a source of solicitude, and the best obtainable secured. All innocent amusements, so dear to the heart of the African, were not only permitted but encouraged. Dissipation of all types was prohibited, and under the existing conditions, this prohibition could be easily enforced. There was no mental solicitude, no competition in the ordinary sense, and no care for

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the future. Work was never excessive, always in the best hygienic surroundings and of the healthiest type, also in proportion to the age, strength and sex of the individual. Food was cooked in the plantation kitchen, abundant, nutritious and well prepared. Clothing was always sufficient and in accordance with the season. As soon as a woman was over her lying-in period, the infant was transferred to the nursery, where it was only nursed at regular intervals, and fed according to its age. Each negro reported in the morning, sick or well; if sick, he went to the infirmary. The doctor visited each plantation once or twice a week, and was called in any emergency. Thus each negro was under constant medical supervision.

In Cuba the arrangement of the quarters was different, they being on the type of the old Spanish barracoon. All other surroundings were practically the same as in the South. On all plantations early to bed and early to rise was the rule, with a long mid-day rest and meals by the clock. Among the very small percentage of negroes who lived in the cities, the plantation rules were carried out as far as practicable. I can state without fear of contradiction that no race of human beings ever lived as healthy a life as the plantation negro in the South. Tuberculosis was practically unknown. I was born on a plantation in Louisiana, and lived on plantations in the South and in Cuba until I was twenty-three years old, and never saw a tubercular negro.

Freedom came. The entire proposition is reversed. They flock to the cities with about as much capacity for self-care as children; hard work, inadequate clothing, poor food, poor houses, over-crowding in insalubrious localities, no attention to the most elementary laws of hygiene; all the mental cares and solicitude that freedom brings. Scant wages, spent in the lowest and most degrading vices at the sacrifice of absolute necessities, irregular hours, with practically no medical attention, or care in sickness. To-day the town negro in the South is probably the most tubercular being in the United States.

It is nothing unusual in my practice to see entire families wiped out. In 1900, twenty-one per cent. of the total negro mortality in Macon was from tuberculosis.

About 1860, Spain entered into a Coolie contract with China. Under this contract, about two hundred and fifty thousand Chinese were imported into Cuba in the '60's and '70's,—the vast majority going to the plantations where they were put under the identical surroundings of the negro.

These Coolies were all men ranging from eighteen to thirty years of age. They were the scum and off-scourings of the cities—principally Canton and Macao—bringing with them the city diseases as well as the city vices, for which China is noted. For obvious reasons, both vices and diseases could be rapidly controlled, and these men were soon put in nearly as good a physical condition as the negro. There was always, even with the most careful selection, a fair per centage of tubercular cases in each gang of Coolies. I can safely say that within the first year this was eliminated either by death or cure. After that there was no more development of the disease. The half breeds from the mixture of the two races, of which there was a large number, were equally immune.

About 1790, there landed at Trujillo, on the Carribean Sea, a party of Spanish emigrants. This party consisted of members of ten families of the Spanish nobility,—families who were so tuberculous that they decided to emigrate rather than become extinct. They worked their way in the course of time across Central America and settled on the Pacific slope, not far from Tegucigalpa, and at an altitude of about twenty-five hundred feet, in probably one of the most even and healthy climates in the world. They have always been purely agricultural and pastoral. Even to-day, there is not a road leading to this colony—nothing but trails, and it is a journey of days to reach them from the nearest port. Their village is built in accordance with the climatic requirements. They hold themselves far above the surrounding Indians, and there has been practically no inter-marriage between them and their neighbors. They present the purest strain of Spanish blood in America.

The Indians, ten or fifteen day's ride from this colony, never fail to speak of it—always as "El pueblo de los blancos," the village of the whites,—and to extol the physique and endurance of the men as well as the beauty and virtue of the women, which opinion the few specimens that I saw, fully upheld.

The history of these people was given me in a personal interview by Don Torencio Sierra, President of Honduras, and a most highly educated gentleman.

Dr. O. B. Hunter, of San Pedro Sula, a graduate of Tulane University, learning their history, became so much interested in them that he spent some time in their village with the sole object of learning their present condition. He met some of the children of the original emigrants, now old men and women, who in every way corroborated the above history.

Dr. Hunter informs me that they are the finest race of people in Central America. After careful inquiries, he could get no history of tuberculosis for a long period back, and at present none of them give physical evidence of this disease in any of its numerous forms.

In direct contrast to this I have under my care a family of five children, ranging from fifteen up, all tubercular, with the following family history:

Father and mother physically perfect. Paternal grandfather 82, goes to his work daily at 4 A. M. Grandmother 80, does her own housework and keeps no servant. Two aunts over 45, healthy. Maternal grandfather 83, farmer. Maternal grand-mother died young of an acute disease. No other children on the maternal side.—a remarkably good family history. All of these people excepting the children in question, have led and are leading healthy and active lives. The father in early married life was placed in easy financial circumstances, built himself a modern house, and brought up his children in the usual modern manner: balls, parties, most assiduous avoidance of all vicissitudes of the weather, late to bed, late to rise, nervous system hyper-cultivated at the expense of the physical, no rational exercise, no duties to perform; in fact, the complete history of such children so familiar to us; no known source of infection, excepting such as all city dwellers are exposed to daily. It is probably unnecessary to multiply examples.

What would be the rational deduction from those already cited? The negro of the South, practically all Creoles, and a non-tubercular race, changed in a scant forty years to probably the most tubercular race in our country. This by a change of environment only, which change did not even include that of climate.

The Chinese Coolie, a most debased subject, with as large a per centage of tubercular cases as would be found in the same number of people from the slums of this city, rendered by change of environment non-tubercular, which immunity extends to his half-breed children.

More remarkable still the Spanish colony in Honduras. This is not a matter of personal observation, but facts obtained on the best of authority, and of which there seems to be absolutely no question.

Ten families, probably closely related, leaving their own country only on account of tubercular infection—an isolation of more than a century—necessarily a continuous inter-marriage, and resulting in a superior non-tubercular race.

The American family mentioned need not be commented on. It is so common that all of you have seen examples.

Gentlemen, again I ask the question: Is tuberculosis a disease of environment only?

THE IMPORTANCE OF EARLY DIAGNOSIS OF TUBERCULOSIS.

BY J. RUDIS-JICINSKY, A. M., M. D., M. E., CEDAR RAPIDS, IA.,

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of the International Congress of Medical Electrology and
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BREHMER—"Tuberculosis Primis in Stadii Semper Curabilis."

Those who have observed the progress of events in medicine and surgery during the last decade fail to have been impressed with the remarkable developments and achievements by which it has been attended, especially in the domains of the electrology and radiology. The applications of the X-rays in tuberculosis, the disease most dreaded, are but few examples of the contributions to knowledge, the knowledge so important, especially in early diagnosis. The progress due to constant work, experimentation and research, has signalized the closing years of the century; the spirit of research having, in fact, now become so diffused as to have penetrated into almost every department of science, knowledge and human activity.

The usefulness of the X-rays in tuberculosis may be divided in five main divisions: 1. The early diagnosis of tuberculosis pulmonalis, tuberculosis of the bones, of the joints; tuberculosis of the glands, and other parts and organs of the human body. 2. The treatment of tuberculosis of the skin, lupus vulgaris. 3. The treatment of tuberculosis pulmonalis in the early stage. 4. The treatment of the tuberculous affections of the joints. 5. The treatment of the other tuberculous conditions in other parts. The early diagnosis of tuber-

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culosis pulmonalis, and the absolute cure of some cases of lupus with the best results, are things which cannot be disputed any more. The other subjects are still in infancy, and not beyond the experimental stage.

Keeping in mind that a very large proportion of those affected with tuberculosis may recover their health under proper treatment, varying perhaps, in each individual case, or their life may be prolonged, if the diagnosis is made in time, we will find in the application of the X-ray, with the other methods of examination, a great help to us, and sometimes the only means to detect the beginning of tuberculosis in the lungs with isolated foci of the infection, and the bones or joints with the slightest deviation in the structure. We may see with our fluoroscope the actual movements and changed positions of the lungs of our patient, observe the translucent and healthy tissue in comparison with the shadows of infiltration or consolidation, see that the diaphragm does not become flatter in consequence of its contraction with each inspiration, or that the lungs are not even at the end of expiration in a stretched position, according to the physiologic dictum. We may differentiate glandular enlargements, see if they are tubercular, observe the actual movements of bones composing the joints, bones themselves, and compare the normal shadows with the uneven shadows of the diseased bone. We may make out the sensitiveness of the rays to the presence of any earthy salts in the cartilages, study the epiphyseal lines between the shafts of bones and detect any variation or pathological condition before the knife, and the naked eye could ever do it. In these and similar cases, the skiagraph is not only an adjunct to other methods of examination, but the only reliable means to make the proper, correct and early diagnosis.

The physician has ever been on the alert to find the beginning of tuberculosis in the lungs or other parts. He could not make out the isolated foci and nests of the bacillus in the lungs with the stethoscope, the percussion hammer, or even his valuable microscope, which in the later stages may give absolute proof or may not, in regard to the lesion in the lungs. The tubercular nodules in the bone structure, when beginning to form, any transparency at some places, or light and dark lines in any direction, irregular marrow

cavity, shaft showing depressions, projections or elevations, isolated cauries, necrosis if central, peripheral or total, separation of epiphyses, pyarthrosis with abscess or not, deformity or ankylosis with softening or fatty degeneration with all the destruction of the tissues, may be located with help of the X-ray very easy, right in the start and without any discomfort to the patient, thus recording size, degree, position, relation not only of isolated foci of infection on one side, but destruction on the other, giving the whole arena diseased right before our eyes. The importance of such early diagnosis in these days of improved treatment of tuberculosis in general, can hardly be overestimated. Naegeli divides his 217 cases of non-fatal tuberculosis in 74 cases of active disease, 111 healed cases, and 32 which he regards as uncertain. One hundred and eleven cases out of 217 were healed, and this information about the curability of tuberculosis pulmonalis comes directly from the post-mortem room, the only tribunal for definite and possible determination.

Of the diseases now known to be dependent upon the presence of some species of bacteria, none is of so much interest to the physician as tuberculosis. It wages both open and clandestine warfare, and claims its hundreds of thousands of victims every year in this and other countries. How long is it that we were able, aided by autopsy and microscope to fully comprehend the fearful extent of its ravages? In 384 autopsies of children who died of acute infections in a hospital in Copenhagen in 1894, 198 showed undoubted evidences of tuberculosis. (Statistic Danske, 1895.) Such status presents itself also in this country, especially in the larger cities. We know that tuberculosis affects more individuals than any other form of infectious disease, for it has been roughly estimated that out of every five deaths from all other causes, one is due to this. We know that tuberculosis is contagious. We know that it is hereditary in some instances and due to bacillus tuberculosi; that a weak body is more liable to the infection; we know how the bacillus is introduced into the body, how it spreads, how many forms and stages we have in tuberculosis pulmonalis; what changes take place in tuberculosis of the bones and joints, glands and other organs of the body. We know also how to discover and prepare the bacillus for examination in later stages of

the disease. We have many methods of treatment—some ne plus ultra—and the result that the so-called specific treatment with tuberculin or other serum, hydrotherapy, hygienic and climatic treatment, with environment of the patient, radiotherapy, etc., are, so to say, worthless when applied too late, when the disease itself was not recognized right at the start and treated accordingly.

At the twelfth triennial meeting of the International Medical Congress held at Moscow, Russia, "Tuberculosis" received a larger share of attention than any other subject, same at the International Congress in Paris, France, and, if I am not mistaken, Professor Hlava, well-known in pathologic anatomy, from the Bohemian University of Prague, with other prominent men, during the interchange of experiences from every country and clime on the globe, pointed out the necessity of early diagnosis, if the treatment itself should be of value.

Since the X-rays began their triumphant march throughout the world our means of diagnosis, not only in surgery, but in medicine, have been greatly enlarged, and some of our methods of treatment changed wonderfully. And to-day, we know that in the Roentgen rays, the fluoroscope and skiagraphy, we possessed accurate agents for diagnosing tuberculous changes in various stages in the different tissues of the human body, and in the lungs we may show the disease to be more extensive in some cases than had been mapped out by physical examination. The localization of diseased areas in the lungs is now brought within the reach of every surgeon, who has hitherto been hampered in his attempts at lung surgery by often misleading nature of physical signs. (Walsh) Same with the bones in coxalgia for instance, and other lesions of tubercular origin.

To make a proper diagnosis and proper interpretation of the shadows cast upon the plate of the fluoroscope or in the skiagraph requires great experience, and the production of the shadow must always be relegated to those who are experts in this line. We must not be discouraged by the fact that skiagraphs which seem unsatisfactory to the ordinary observer, are readily explained and interpreted by the expert who tries to confirm his X-ray findings with all the other

methods of examination combined, comparing in each individual case the normal parts with the abnormal.

In incipient tuberculosis of the lungs we have to remember before an X-ray examination of the chest is attempted, that the normal lungs are transparent, giving an outline of the organ, but not a shadow like the bones, muscles and thickenings of the pleura, or those places of the lung-tissue which are not active during expiration. The observation during inspiration, when the lungs are distended, gives the best results in our examinations, especially if we remember that restricted diaphragmatic movements with two voluminous lungs coupled, as Rokitsky said long ago, with a small heart are suspicious, and with a slight haziness here or there in the lungs may be the proofs of tuberculous infiltration, or the beginning of phthisical habitus. This haziness may or may not be accompanied by dullness, but will enable us to recognize more fully and accurately the degree, position and relation of the parts diseased. In tuberculous consolidation we get decided shadows, and cavities show like circumscribed spots of bright reflex with irregular lines around, extent in direct relation to the comparative density of the shadows thrown upon the plate of the fluoroscope. They may be located also in the midst of an area of dense shadow. Slight haziness over small spots, clearly defined, are isolated foci of infection. Healthy tissue of the lungs allows the X-ray to pass freely, and thus the record of the location and size of the foci. Any cicatricial spots in the lobes of the lungs, or calcareous deposits will show, and the destruction of the lung tissue or repair may be observed during the treatment, and a valuable graphic record of events can be preserved in the shape of a series of skiagraphs, or of charts, mapping the results of periodical fluoroscopic or screen examinations. If we do not need a picture it is only necessary to take to our help Rollin's "seehear," a combination between a screen and a stethoscope, having also a sound chamber. This instrument has the advantage in hearing the sounds in the chest of the person examined, while the organs are under inspection with the X-rays.

Capo considers radioscopy as valuable as percussion and auscultation in the diagnosis of incipient pulmonary tuberculosis, but I would not depend always on all the shadows seen,

taking in consideration that in X-ray examination a slight shadow may be seen, especially at the right apex of the lungs, and in 50 per cent. of cases to mean absolutely nothing. We have to differentiate the shadows of the muscles of the shoulder, the shadows of the vertebral borders of the scapulae, or occasionally in a muscular subject the shadows of the serratus magnus or the spinal column in every individual case, remembering that a lung not distended to its full capacity, may offer some resistance to the rays, and cast a shadow, the condition being normal. Experience is the only teacher, and the shadows of the clavicles and the ribs during inspiration, the best guides in chest examinations, which have to be done thoroughly and all over the field. The X-ray is also important in revealing glandular tuberculosis, and in this disease is a powerful means of studying function, showing the arhythmic tachycardia, the arhythmic and unsymetric excursions of the diaphragm, which does not rise to the same height on the sick as on the healthy side. On the other hand, it reveals the small size of the heart in the tuberculous patient, due to a true atrophy, and the reason for the difficulty, as same author states, of performing percussion which lies in the narrowness of the intercostal spaces and the conical form of the chest, the ribs overlapping like roof tiles. We may also observe the enlargement at the inflection of the external extremity of the clavicle, and the changed position of the scapula with the greater extension of the heart toward the lines of Traube and Friedreich on the right side, showing a compensatory insufficiency of the tricuspid valve, ventricular hypertrophy on the right.

While the death rate of tuberculosis in the past has been appalling, we feel that with the X-ray we will arrive in the near future, perhaps at a better period of its history, when the early diagnosis is made possible, and the proper treatment will begin at such a stage, when the victim is possessed of sufficient vitality or physical resistance to enable the system to rid itself of germs of the disease. The employment of the X-ray in every doubtful case, with all the other precautions and methods of examination, is not only necessary, but very important, because the fact that tuberculosis is a curable disease is no longer a tenet requiring defence or clinical evidence. This is a practical question, which, with

practical tests, will show whether we have finally found the weapon against the baneful scourge, and can put an end to the spread of the terrible and deadly contagion.

Let us have a number of laboratories, establishments and research rooms in every reputable college, hospital, etc., where this work may flourish under the supervision of an honest and capable X-ray worker, sanatoria, public and private, which would do a world of good by curing the curable tuberculous cases, and taking care of the hopeless ones, thus diminishing the countless centres of infection.

**AMERICAN CONGRESS ON TUBERCULOSIS,
SESSION OF 1902.**

RESOLUTIONS.

The following resolutions were adopted at the recent session of the American Congress on Tuberculosis, and were furnished to the Lay and Medical Press by the Secretary:

1. Resolution offered by Dr. E. J. Barrick, of Toronto:

"That it is the duty of every Government, Municipality and individual citizen to adopt organized methods for lessening the spread of a disease which is causing directly or indirectly probably one-fifth of the total deaths in almost every country in the world."

2. Resolutions submitted by Dr. Oldright, of Canada:

That whereas in the lists of deaths from Tuberculosis classified according to occupations published in the statistical report of the United States and Canada female school teachers hold a very prominent position, this Congress would draw attention to the fact that the average amount of air space, in schools is less than half that recommended by sanitarians all over the world and would further urge upon the authorities their bounden duty of providing more accommodation and better ventilation.

3. Resolution reported from the Committee on Resolutions:

Whereas, Tuberculosis is an Infectious Disease, ordinarily communicated from person to person by means of dried sputum of a consumptive patient, and

Whereas, The spread of Tuberculosis could be largely controlled by proper care of such sputum and the enforcement of comparatively simple measures; therefore, be it

Resolved, By the American Congress of Tuberculosis that the Health Board authorities be urged to disseminate to the widest extent possible, through the public press and otherwise, correct information as to the manner in which this disease is produced, and the means to be employed for its prevention.

Resolved, That we believe it to be the duty of the National, State and Municipal Governments to enact rational methods for the institutions for the care of indigent consumptives.

Resolved, That there should be State and Municipal supervision of all public conveyances used for the transportation of passengers; and in view of the fact that spitting on the floors of public conveyances favors the spread of Tuberculosis and is injurious to the public health, it is recommended that transportation companies be induced to pass and enforce rules against this act.

Resolved, That appropriations should be requested from State and Municipal Governments for the application and distribution of literature as a means of education in the prevention of the spread of Tuberculosis.

Resolved, That all cases of Tuberculosis should be reported by the attending physician to the Health Boards for purpose of disinfection of houses occupied by consumptives.

4. Resolution offered by Clark Bell, Esq., and submitted by the Committee on Resolution:

Resolved, That the American Congress of Tuberculosis, now in session, desires to congratulate the people of England, the British nation, and His Majesty, King Edward VII, on the conclusion of the war pending between His Majesty's Government and the Boers; and we hail with great pleasure the announcement of the restoration of peace, and the cessation of further hostilities, as a result that the whole world will hail with great satisfaction.



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TUBERCULOSIS IN MASSACHUSETTS.

Tuberculosis seems to have had a more fruitful field in Massachusetts for its ravages than any State in the American Union.

This State was not represented in the American Congress on Tuberculosis, the Governor declining to name delegates to the Congress, and acting as he stated, under the advice of prominent members of the State board of Charities of that State.

The influence of that Board was, so far as it had any influence, hostile to the work of the American Congress on Tuberculosis, and in no wise friendly to the movement.

On June 27, 1902 after the Congress had finished its work for this year, the Legislature of Massachusetts passed a resolution of which the following is a copy:

RESOLVE TO PROVIDE FOR AN INVESTIGATION AND A REPORT BY THE STATE BOARD OF CHARITY AS TO A NEW SANATORIUM FOR CONSUMPTIVES.

Resolved, That the State Board of Charity is hereby directed to investigate the following matters and to report thereon to the general court on or before Jan. 15, 1903, to wit:

(1) Is it necessary or expedient for the Commonwealth to make additional provision for the care and treatment of consumptives? If so, should such provision be made by establishing one large new sanatorium or by establishing several smaller institutions, and, if several, should these be located in different parts of the Commonwealth so as to provide for patients at sanatoriums comparatively near their places of residence?

(2) Should the patients be furnished board and treatment without charge, or should a moderate charge, not exceeding the actual cost, be made for board? And, if the patients should be unable to pay for their board, should the cities and towns in which they have a legal settlement be required to pay therefor?

(3) Where, in the opinion of the board, should a new sanatorium or new sanatoriums be established?

(4) What would the board recommend as to the material, plan, manner of construction and details of such sanatorium or sanatoriums?

If the board should conclude that it is advisable for the Commonwealth to establish a sanatorium or sanatoriums the board is authorized to prepare a general plan of a building or buildings there-

for, together with an estimate of the cost of constructing them, and such plan and estimate shall form part of the report to be made by the board to the general court.

In carrying out the provisions of this resolve the board may expend, with the approval of the governor and council, a sum not exceeding two thousand dollars.

It will be observed that this resolution directs that the investigation be made by the State Board of Charities, and does not name a special commission.

The Boston Medical and Surgical Journal of June 21, 1902, in commenting on this legislative action, says:

PROPOSED NEW PROVISIONS FOR CONSUMPTIVES IN MASSACHUSETTS.

We desire to call attention to the resolve printed in another column of this issue providing for an investigation and a report by the State Board of Charity as to new provisions for consumptives. The questions which are put are certainly worthy of the very closest consideration before any final action is taken, and we are glad to note that the various possibilities and contingencies are taken into account in this resolve as drawn up. Admitting the fact that further provision for the care and treatment of consumptives is desirable in this Commonwealth, it becomes a matter of the very greatest importance to determine whether the State shall become responsible for one large sanatorium or for several smaller ones, and if the latter plan be adopted, where these various institutions may be most advantageously placed. These matters and the various other points suggested, which may well give rise to a considerable legitimate difference of opinion, should receive the most earnest consideration, not only from those associated with the State Board of Charity, but also from all who are interested in social and hygienic questions in whatever walk of life they may happen to be. Particularly would it seem desirable to us that members of the medical profession, who through training and experience have made themselves competent to consider such questions, should be called into counsel. Massachusetts has taken a foremost place in the whole question of the sanatorium treatment of tuberculosis, largely through the efforts of a certain small band of devoted physicians who have given their time and energy to the solution of this difficult problem. If these men be also consulted with regard to this new movement against tuberculosis in the State, we need have no fear that a policy of wisdom and moderation will be adopted.

We concur in the view of this journal, as to the unwisdom of relying on the State Board of Charities of that State alone, on a matter of so much public importance. As constituted we doubt if its investigation or report would be quite satisfactory to the public mind of that State. The Board, as now constituted, is too narrow, and not broad enough to answer what Massachusetts needs.

The suggestion of the Boston Medical and Surgical Journal that "members of the medical profession, who through training and experience, have made themselves competent to consider such question, should be called into counsel," is a very important and a very valuable suggestion.

Those men in Massachusetts who know much more about it than the members of the Board of Health itself, should be also consulted, as the Boston Medical and Surgical Journal also suggests: Dr. Henry O. Marcy and Dr. J. H. McCullough, of the South Division City Hospital of Boston.

Hiram F. Mills, Esq., of Lowell; James W. Hull, Esq., of Pittsfield; Charles H. Porter, Esq., of Quincy, and J. H. Goodenough, are excellent men for such a commission as the legislature has placed in charge of the Board of Health, but they should not allow the medical officers of the Board to think for or to act for them. They should think and act more freely, and for themselves, and for the best interests of the State.

We know from conversations with the State officials in Boston, about the time the action was taken, what the view of the matter was, as taken by the Legislature. The Lieut.-Governor of the State and some of the leading Senators should be consulted also.

We shall look forward to the action of the State Board of Health of Massachusetts on this subject with great interest, and shall be glad to see their report.

We do not doubt but that the lay members of this board will take the advice of the best authorities in the State upon this interesting question.

THE OBLIGATION OF THE STATE IN REFERENCE TO HEREDITARY AND ACQUIRED TUBER- CULOSIS OF CHILDREN.

BY M. MARKIEWICZ, M. D., OF NEW YORK CITY.

Hereditary predisposition for tuberculosis is an undisputed fact known even to the laity, but the ways and means of this transmission are not so clear, and medical science is yet undecided as to the questions: whether the disease itself is transmitted to the offspring, or certain conditional defects only, favorable to the development of bacilli entering from the outer world; whether both parents, if affected with phthisis, contribute to the hereditary tendency of their children in an equal measure, etc., etc.

The same uncertainty exists as to the age at which the first symptoms of tuberculous infection manifests itself when inherited.

Practitioners of former days took it for granted that the first symptoms of hereditary tubercular diathesis appear about the time of puberty. But at present we know better.

Professor Gerhard mentions in his clinical lectures of a patient now sixty years old and suffering with advanced phthisis, who, when a small child, was operated for tuberculosis of the ulnar joint, which goes to prove that a hereditary predisposition may manifest itself early in life and under favorable conditions, last till old age.

In our own practice, and in medical literature we find many instances of a very early development of hereditary tuberculosis. Very interesting in this respect are the researches of Dr. Friederich Franz Friedman, a Berlin physician at Prof. Gerhard's clinic. He found that during six years, (1885-1891), there were at that institution 2,984 cases of phthisis, (tuberculosis of the lungs or tuberculous menin-

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gitis). Of 982 of these patients, or in 33 per cent., there was positive evidence of the transmission from parents, and of this number there were 503 cases, (51.2 per cent.) with heredity from father; 323 cases, (52.8 per cent.) with heredity from mother; 157 cases (15.9 per cent.) with heredity from both parents. In about 1,250 of the cases, or in 41.8 per cent. of all the evidence was less positive, but still probable, and in 751 patients, or in 25 per cent. there was no apparent connection with heredity.

The same author mentions also a very instructive case in the family of a well known Berlin physician, who is suffering with tuberculosis.

Father, who died a few years ago, of tuberculosis pulmonum, had in his early childhood a tuberculous inflammation of the knee joint. The mother, a giant weighing 220 pounds, is in robust health and has ever been so; a brother of patient was very healthy and strong till the twenty-first year of his age, when he suddenly became sick in spite of the most favorable sanitary conditions, and presents now symptoms of unmistakable tuberculosis; another brother, very young, is weak and has suspicious symptoms; another brother, 18 years of age, is entirely healthy at present; a sister, still a child, is suffering with chronic laryngitis, which is very likely of a tuberculous nature.

Similar cases can be gathered from other sources in our medical literature, and there can be no doubt as to clear cases of hereditary tuberculosis in children, even of the tenderest age.

As to the acquired tuberculosis of children, I refer to a very interesting report of Dr. Dieudone (Wuerzburg). He states that the frequency of tuberculosis among children is in proportion to their age, and refers to a similar opinion of Feer. Feer found that during the first months after birth, tuberculous symptoms are very rare, and even from the fourth to the sixth month of life they appear very seldom. But when the child be past one-half of its first year of life, the frequency increases with every month, reaches its maximum at the end of the first or second year, and begins to fall in the third year.

Feer explains this increase and decrease by stating that it depends on the opportunities to catch the infection from the

surrounding media. There is, he says, a very small chance for an infant to become infected, because it is all the time in bed, or on the lap of its mother. But the chances of infection increase considerably when the child begins to grasp things, to creep on the floor, etc., etc. Then on the hands and feet of the children we find an accumulation of dirt and dust, which oftentimes is mixed with sputum and saliva of the adults who surround them, and who being sick with phthisis, nevertheless spit and expectorate directly on the floor, and in this way transmit their bacilli.

I have also noticed the superstition of women not cutting the nails of children before the first year, and there we find also, accumulating dirt and tubercle bacilli.

The introduction of these bacilli into the body of the child is made even easier during dentition, as at the time the increased secretion of the nose and mouth causes many excoriations which serve as an open gate for the bacilli.

In the same manner the different eczemata of the children may be considered as good points of entrance for the bacilli.

All these facts were ascertained by Feer in a clinical way, but were never corroborated by experiments. In order to find such a scientific basis Dr. Diendonno occupied himself for one year with experimental researches on this line, and obtained results which fully verify the observations of Feer and others.

For his experiments Dr. Diendonno selected 15 children aged from three-quarters to two and one-half years, whose parents were known to him to be suffering with phthisis; the children living in dirty houses, kept unclean, and left most of the time to themselves. From the hands and mucous membrane of these children he gathered the bacilli with which he innoculated different animals. The result was positive in each case.

Other experiments made by Cornet that that even dried dirt may contain tuberculous bacilli, and so become very dangerous to persons who inhale this dirt in the shape of dust.

In order to prove this, Cornet in his experiments, tried to imitate natural conditions as they exist oftentimes, especially among the lower classes.

In a room especially chosen for this purpose, Cornet

placed a carpet and an old bed rug. On this he spread some dirt swept from the room, and some sputum taken from a patient suffering with chronic phthisis. All this he left for a time till it became entirely dry. A part of the sputum he separately mixed with dirt, and likewise left it to dry, when he pulverized it in a mortar.

After two days he placed into this room 48 guinea pigs which he arranged in three divisions.

The first division, containing 12 animals, he put under such conditions that they had to inhale the dust, namely six of this dozen were compelled to inhale by the nose, and the six others by the mouth, each being in a distance of ten to twenty c. m. from the other.

The second division, composed of 24 pigs, he placed on shelves of a different height, of which 7, 40, 93, 193 cm. above the floor also at different distances. Before these shelves he placed the carpet be-spattered with sputum, and swept so violently that dust came in a cloud.

The third division was placed in the room in separate stalls.

Of all these 48 pigs, 47 became infected with tuberculosis, as was proven by subsequent autopsies.

The author himself feared infection during these experiments and took many precautions. He wore a long closed coat reaching to his feet. His head and face was covered by a closely fitted kerchief, leaving only two small apertures for the eyes, and these apertures were fitted out with transparent gauze sewn in tightly. The eyes were besides covered by spectacles. His mouth and nose were covered by a thin layer of cotton. But in spite of all these precautions a pig inoculated with the mucous excretions of the author's nose, became soon infected with tuberculosis.

Considering all this evidence we understand easily that children, even very small ones, are very much exposed to both hereditary and acquired tuberculosis, and oftentimes are even more endangered than adults.

If this be admitted, as I think it must, then our duty of battling with the inherited tendency on one hand, and guarding against the sources of infection on the other, can hardly be questioned.

Of course every physician can do much in this respect by

advising the parents and guardians of the children what to do, and how to do it, and by helping them in their work.

But the chief obligations should lie on our State authorities, who have, or ought to have, all the power and all the means necessary for this object. Not only because we know that an ounce of prevention is better than a pound of cure, but also for the additional reason that in spite of favorable statistics published lately at the Congress of Tuberculosis in London, the tubercular bacillus is ravaging in our city (New York) as bad as ever. In my opinion we cannot rely on such statistics as we have at present in respect to deaths from tubercular diseases, and we will never be able to rely on these reports if the life insurance companies do not change their conditions of insuring. As long as such cases are excluded from this benefit, and the families of the deceased deprived of their only help in their misfortune, people will always find physicians who for charitable or other considerations, will certify that this patient died from some disease other than phthisis. The duty of the State is to make the new generation resistant against the tubercular diseases, and this can be achieved only by an appropriate physical training of the children, especially at the schools.

To call your attention, gentlemen of the Congress, to the duties of the State in this respect is the chief aim of my remarks, although I would like at the same time to impress press you with the importance of early prophylaxis in general.

Now what can, and what shall the State do?

In my opinion the duties of our health boards are as follows:

1st.—To issue circulars explaining in a popular, plain manner, all the facts of heredity, and teaching the population how to counteract this dangerous tendency.

2nd.—To enforce laws of strict cleanliness in the houses where children live, or where they remain for a certain time of the day, also cleanliness of their bodies.

3rd.—To provide at noon time wholesome and appropriate food to school children.

4th.—To compel children in schools to breathe fresh air; to take plenty of exercise in the sun, and to harden their bodies by hydropatic procedure, scientifically applied.

5th.—To take care that children be clothed according to the necessities of climate and season.

6th.—To arrange the training system of children so that it shall include horticulture, (gardens around the schools), gymnastics, bathing, swimming, etc.

7th.—To separate healthy, or apparently healthy children, from other children or adults suffering with phthisis, in their houses as well as everywhere; making no exceptions even for the mother of the child, if she be afflicted.

8th.—To insist, as much as possible, that mothers suffering with phthisis, or wet nurses in the same condition, shall not be permitted to nurse, or wet nurse children.

9th.—To forbid children, especially those who have a hereditary tendency, to play with domestic animals, as this may also be a source of contamination.

10th.—To submit all children, or at least school children, to frequent medical examinations, in order to ascertain their general health, and especially the condition of their lungs.

With these recommendations I close my sketch, which by its very nature cannot be exhaustive, and was not meant to be so.

If I succeeded in calling your attention to an important theme, which, as much as I know, is not often ventilated in our societies, I believe that your time and mine will not be entirely lost.

Finally, I take the liberty to submit to you, by way of supplementing my own remarks, a translation of a popular German brochure, prepared by the Imperial Health Board of Germany, under the title of "Tuberculose Merckblatt," and hope that this may also serve as a basis for our own health authorities.

EDUCATION AND LEGISLATION IN THE PREVENTION OF TUBERCULOSIS.

BY CHARLES WOOD FASSETT, M. D., OF ST. JOSEPH, MO.

In this modest contribution to the symposium on the prevention of tuberculosis, I have considered but one of the few essential features involved in this great question, viz: Education.

It is appalling when we stop to reflect how many lives are sacrificed each year to this great plague,—more in fact than all the contagious diseases combined. What must be the ultimate end if its ravages be not checked?

What means are at our command for the prevention of this disease? Medical treatment has not been the success its advocates had so fondly hoped. Serum therapy has, to say the least, been a disappointment in so far as treatment of pulmonary tuberculosis is concerned.

Inasmuch as this is a constitutional disease with local manifestations, it becomes apparent that it must be combatted by building up the individual, and thus placing him in a resistant condition, rather than to expect a cure by specific medication. Healthy tissues are the best defence against the invasion of the omnipresent bacillus.

It becomes apparent to the thinking man that education is the key note to the situation, and must certainly pave the way to prevention. Education should be our watchword all along the line.

Bigotry, illiteracy and ignorance have been the barriers, formidable to a distressing degree, which throughout the ages have impeded the progress of medical and sanitary science.

It is plain then that we must educate first, the individual, then the community and the State. Educate our law-makers, our Congressmen, and our Senators, so that when im-

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portant sanitary and health measures come up for consideration they will act intelligently and for the best interests of the commonwealth.

Our plain duty is to educate the people to a point where they will appreciate the dangers that beset them by day and by night, as a pestilence that lurks in the darkness, and a destruction that wastes at noon day.

Where and how should this work of education begin? Most assuredly it should emanate from the family physician, as pointed out by Dr. W. J. Bell, of St. Joseph. (*Medical Herald*, June, 1901.)

"In our public and private schools, academies, colleges and universities, while the heads of the students are crammed with facts that can have no special bearing upon their future, that are to be forgotten as soon as they leave the shades of the academy, there is a sad neglect in teaching students how to care for their bodies and minds. The day has come when on every college staff there should be found a competent physician."

I would go a step further at this point, and urge that a suitable text book be provided for our public and private schools, from which the essential features of prophylaxis, sanitation and hygiene, as applied to the prevention of consumption, could be taught. The study of this text book of health should be compulsory in every school in the land. Dr. Wm. Warren Potter, in 1894, before the New York Academy of Medicine, emphasized the importance of energetic and persistent work and unanimous action on the part of the medical profession.

A move in the right direction was the legislation in New York State, which, through the efforts of Dr. Jos. D. Bryant, resulted in the destruction of tuberculous cattle.

Whether or not the later theory of Koch is correct, makes no difference in this case. The success of Dr. Bryant proves that the law-makers will listen to an earnest appeal from the medical profession.

Whether Koch is right or wrong, we are still presented with the grave facts, the powers of which in the destruction of human life are incontrovertible. Let us take no chances.

Behrens and other investigators contend that meat, cheese, milk, butter, etc., derived from tuberculous cattle, can produce tuberculosis in the human being. Rigid laws

regarding expectoration and inspection can accomplish much good along this line.

Surgeon General Wyman, of the Navy, and Surgeon General Sternberg, of the Army, have taken the initiative in applying the open air treatment to seamen and soldiers found to be suffering from pulmonary tuberculosis.

In summing up the possibilities of State and National legislation in behalf of the great army of tuberculous sufferers, as well as for the good of the coming generation, I would say first, educate, and thus make legislation possible and practicable. The popular prejudice against isolation and compulsory treatment, we can only hope to remove through education of the masses.

Dr. George Homan, of St. Louis, points out the importance of this feature in a paper read before the Medical Association of Missouri on "Public Sanatoria for Tuberculous Persons."

Educate, first, by the introduction into our schools of a suitable text book of health.

Secondly, by the employment of a competent physician as a teacher in our public schools.

Thirdly, by proper and scientific instruction of the public on sanitation and prophylaxis, through the medium of the magazines and the lay press.

Fourthly, instruction of communities and of public officers, including Congressmen and Senators, through National and State Boards of Health.

Fifthly, by the appointment of a Public Health Officer at Washington, who should be a member of the President's Cabinet; thus making possible, proper and efficient legislation governing the following:

Rigid medical and sanitary inspection of all schools, public and private, and the removal of all tuberculous subjects, whether pupils or teachers.

Rigid inspection of all work shops and factories; men, women and children found to be tuberculous should be forbidden to work, and if unable to pay for treatment, sent to a public sanatorium.

Rigid inspection and disinfection of all railroad stations and cars.

Regular inspection of the plumbing in public and private buildings.

The establishment of colonies in every State for the free open air treatment of pulmonary tuberculosis.

In these reforms outlined thus briefly, we cannot look for immediate results, but it is within the scope and power of this Congress to inaugurate the movement in their behalf, and I hope to see a decisive step taken in this direction before we adjourn.

TREATMENT OF TUBERCULOSIS BY NEBULIZATION.

BY JNO. A. DONOVAN, M. D., BUTTE, MONTANA.

The plan of treatment I shall here recommend is considered by no means specific, nor yet should it be used to the exclusion of any other method, for in this disease I consider the general, constitutional and hygienic conditions of the patient to be of the first importance.

The fact that all air should pass through the nose in order that it should reach the larynx, trachea and bronchia only after being properly humidified, armed and freed from all foreign matter, in a sense made an aseptic, (all of which is so admirably accomplished within the nasal chambers), makes it imperative that all patients with the slightest tendency to tuberculosis should be most carefully examined by a rhinologist, and every deformity likely to interfere with proper respiration corrected. The pharynx, nasal pharynx, tonsils, etc., must also be put in proper condition.

It is only within the lungs that the direct connection may be had (through the lymphatic stomata), between the external atmosphere and the interior of the blood vessels. The extreme thinness of this tissue shows at once how easily substances reaching the lungs in the proper physical condition may become absorbed.

It is a well known fact, that for rapidity of action, inhaled vapors are in the lead. Consider ammonia, nitrite of amyl, prussic acid, arsene and the various gases which produce constitutional effects with greater rapidity than could be secured by any other mode of administration. It, therefore, remains only to procure a specific remedy in the proper physical condition for absorption. Despite the statement of many authorities to the contrary, anyone can be easily con-

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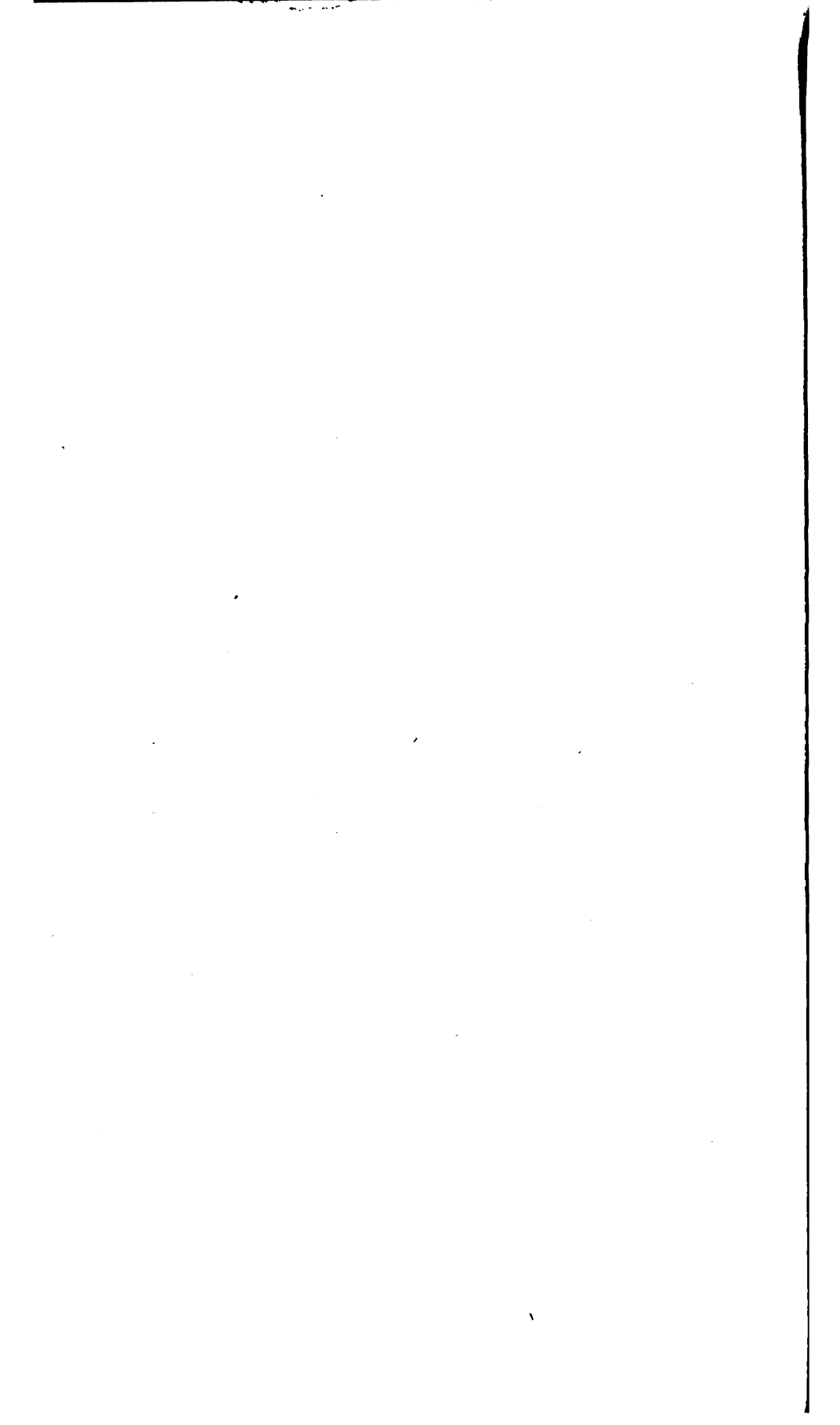
**HONORARY VICE PRESIDENTS OF THE AMERICAN
CONGRESS OF TUBERCULOSIS.**

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Governor General of Canada,
Honorary Vice-President of the American
Congress of Tuberculosis.

SIR OLIVER MOWATT, G. C., M. G.,
Lt. Governor of Ottawa, Canada,
Honorary Vice-President of the American
Congress of Tuberculosis.

HON. WM. W. STICKNEY,
Governor of Vermont,
Honorary Vice-President of the American
Congress of Tuberculosis.

FRANK W. HUNT,
Governor of Idaho,
Honorary Vice-President of the American
Congress of Tuberculosis.



vinced that a remedy reduced to a nebula, on being inhaled reaches every space within the lungs. The expensive air-tight cabinets, in which patients are placed, etc., though undoubtedly beneficial are certainly impracticable for a large majority of patients.

There is a great tendency for the tubercular patient to lead a sedentary life. Both his physical and mental condition contribute largely to this. As a rule they take but short breaths; the chest becoming contracted, shoulders stooped, and respiratory muscles degenerated through lack of use. In a considerable area of the lung the air never becomes renewed, thus the disintegration process is encouraged.

By the nebulization treatment the patient is encouraged to take deep inhalations, expanding the lungs fully, developing the chest muscles and the respiratory capacity. In addition to this physical quality, the fluid used, being of a mild, stimulating and antiseptic nature, proves decidedly to the patient's relief. Irritation is allayed, inflammatory products become disintegrated and eliminated, circulation is decidedly improved, collapsed portions of the lungs again regain their vitality, thus allowing not only the free contact of the medicinal agents, but also the abundant supply of Nature's best remedy, oxygen, to every portion of the lung tissue. If in addition to this our appliances are so arranged that we are able, while the patient has his lungs fully expanded, to suddenly cut off the air, allowing it to accumulate in the flask till the pressure is raised, then the valve to be opened a few times rapidly, thus producing the pneumatic massage action which is equally distributed throughout the lungs. This has a most powerful, penetrating, expanding and stimulating effect.

Personally, I use the Globe MultiNebulizer, which allows the use of any one or combination of fluids to be used separately or combined. This is provided with the large reservoir or storage bottle closed by a valve, which will allow sudden interruptions to be made in the pressure producing the massage action. These appliances being too expensive for the average patient, I advise them to get one or two hand nebulizers which may be operated by either a rubber hand bulb, or better still an air pump. A large size bicycle pump can

be secured most any place at very little cost and acts admirably. If the patient wish it, a tinsmith or plumber can make a compressed air tank of sufficient capacity for the individual use. This can be connected by rubber tubing to the nebulizer. The Globe Mfg. Co. make quite a variety of these outfits at a reasonable price.

I advise the nose and throat to be sprayed with a weak alkaline antiseptic solution containing from $\frac{1}{2}$ m to 2 m of formalin to the ounce. In the nebulizer I use a 50 per cent. solution of Guaicol in a light liquid Petrolatum base, e. g.: Alboline or some similar preparation. After inhaling this for 5 or 10 minutes, I use a mixture of formalin 4 per cent.; glycerine, 10 per cent., in water, for 5 or 10 minutes more. The glycerine reduces its irritating action, besides being necessary for nebulization. Inhalations must always cease as soon as the patient shows signs of irritation by cough. These remedies may be alternated by the use of a 20 per cent. Camphor Menthol solution in oil, to which oil of cassia, eucalyptol, pine needles, etc., may be added. Changing these occasionally seems to have a beneficial effect; besides the patient appreciates it. My experience with this method of treatment has been very satisfactory. One young lady in particular, a clerk, by being treated every morning was enabled to continue her work for many months. When she would omit the treatment for a few days, she invariably had to give up her work. By later going on a ranch in Colorado, she writes me that she thinks she is cured.

Fortunately in this State we see very few cases of tuberculosis except those developed by miners, which, owing to their environments, rapidly prove fatal. The great depth under ground and the dampness of the mines, with the changes of temperature have a most debilitating effect.

TUBERCULOSIS IN ITS PATHOLOGICAL AND BACTERIOLOGICAL ASPECTS.

BY WILLIAM SEAGROVE MAGILL, A. M., M. D.,
Of the Carnegie Laboratory of the New York University.

Ladies and Gentlemen:—

The thanks of each member of this Congress are due, both to the chairman of this section for his thorough and comprehensive resume of the bacteriological problems appointed for your consideration this morning; and to the speaker who has just preceded me, for his strong insistence upon the clinical study and more efficient therapeutical measures due to a tubercular patient from his medical counsellor.

I esteem it an especial privilege to open the discussion of these papers, before this assembly.

For the honor of this invitation, permit me to express my thanks to the officers of this congress; and for your cordial reception, to its members.

It would seem that little more could be added to the complete paper of your chairman. The precision of its technical qualities is rendered more striking by the paper which followed it. Listening to the opening address it seemed that this question of tubercular dissemination and infection should be a very simple one, ready to yield up its secrets to a few direct experiments that would be easy for one equipped with so elaborate bacteriological instrumentation and technique as has been portrayed by your chairman this morning.

The retrospect of microbiology and the close resume of its immense progress which he has given us rightly engendered in this audience a full spirit of scientific enthusiasm. If I interpret correctly the feeling of the auditors of the next, the clinical paper, the first glow of scientific ardor was somewhat diminished by its tone. That this effect upon his

Pronounced on June 3, 1902, at the American Congress on Tuberculosis.

listeners was not intended by the author, I fully believe, but if at the close of this session there may remain with you no shadow of question of the full value of complete investigation of these bacteriological problems by the most thoroughly equipped and trained scientists, if contributory to that end, I shall esteem myself most fortunate as a laboratory man to have been permitted to open the discussion of these two papers.

We learn almost solely by experience. The man in the laboratory, the oft-times so-called theorist, may frequently be carried so far aside from the practical issue of a question, that he be lost in the intricacies of technique or the delight of establishing a fundamental point of microbiology.

To avert this danger, the warning, the insistence upon the practical results that comes from our clinical man is of utmost value and should always be warmly welcomed. Perhaps it was in no way the object of this clinical paper to cry down the scientific value of laboratory investigation in this subject of tuberculosis, but that such was the effect, you will attest. For this reason, pardon me, if I dwell upon the point at some length. The public in general, the intelligent reader, even investigators in other branches of science, as well as all members of the medical profession not closely identified with recent laboratory work in bacteriology, the greater part of young bacteriologists themselves learn only with difficulty, or slowly to fully estimate the complexity of a problem and the ever occurring intricacies of investigation in this field.

It is a characteristic of the American people to look for quick results. We are accustomed, the more difficult the undertaking to accomplish it, nevertheless, by bringing into play that much the greater energy. To a certain extent this manner of obtaining results is possible in scientific investigation, but there are limits to such possibilities. Most strikingly is this to be realized by workers in the comparatively recent field of investigation,—bacteriology.

Here the solution of almost any problem involves so many and diverse investigations, the conclusions of which must be previously attained before consideration of the original problem can be based upon sufficient data to insure scientific ac-

curacy, that the end of each question, like the mythical jack-o'-lantern, constantly rests just beyond the grasp of the patient investigator.

It is a lesson hard to learn and hard to teach that the development of truth, the establishment of absolute scientific fact, is only to be had at the expense of multiple error and frequent, almost disheartening disappointment. They only progress who learn by previous error.

This very subject of tuberculosis, which for the last twenty years we are accustomed to consider as well on the path of scientific knowledge and experiment, stands where it does to-day over a multitude of mistaken theories and even announced facts. Early in the days of bacteriology, Koch, one of the most brilliant of its students, published far and wide the discovery of the bacillus of tuberculosis. In the lapse of twenty years time we are concluding that it is not a bacillus. The same claimed that this germ caused the tubercle from which the disease derived its name. That the immediate cause of the tubercle is a chemical substance and not a bacillus, the work of recent years has proved. Dr. Koch subsequently isolated, distributed and used the now well known tuberculin which he claimed to be a scientifically established cure for some forms of tubercular disease. It failed. A second tuberculin from the same investigator likewise failed. As a matter of fact then, Koch's investigations of tubercular disease, in which he has been the pioneer, and to this day stands foremost as the master, in public opinion, the record of his published work, is, in these respects, a record of failure. He announced the determining specific microbe of this infectious disease to be a bacillus which in all probability it is not. He announced a first and second curative fluid which does not completely possess such qualities.

But that our faith in this new science be not shaken by such successive failures, it is sufficient to observe that they teach us.

In the effort to dislodge from its throne of bacillus Koch's specific microbe, attaining even this result we have learned of a new class of pathological parasites—aspergilli, mycelites, etc.

In this new group of parasites the involved biological principles of a higher type of life but in degenerate form, explains to us the unusual many sided resistance to extermination of the tubercular microbe; that which was difficult of explanation when regarding this germ as a bacillus. This much then we have learned in proving an error.

More than this, in the days of shaken faith, in the infallibility of bacteriologists; as the Indian returns to mother earth for strength, back to the first principles of biology do we go for knowledge in each new perplexity. In the study of the tubercular microbe as a degenerate form of a higher type than the bacillar life, slowly have we learned the multiple variety of forms possible for microbes when subjected to diversity of environment or of function. This, usually designated pleomorphism, establishes its bases more firmly with each investigation within the scope of which its role is fully recognized. And hence imbued with a better microbiological knowledge of tuberculosis, that which has been learned from previous errors, we stand to-day better able than ever before to take up the complex question of unity or non-identity of tubercular infection in the animal kingdom.

The failures of both tuberculins as curative substances, erroneous as they have been in conception, as may have been their physiological deductions for therapeutic use, mistaken and even disastrous as were the multiple clinical experiments therewith, all these errors, if you like, have been perhaps but the necessary steps to our knowledge of the use of serums, toxins and anti-toxins at the present day.

Can it then be understood why scientific results, real facts are often slow in discovery and particularly in establishment? Are we right also in claiming that we learn by error? Whenever a clinical man reproaches the laboratory, does he do so with a full knowledge and realization of laboratory difficulties, and what should be his own relation to scientifically trained investigators? To the clinical side of a question we must turn for collection of our data and material for investigations. From the clinic should come our best aids of suggestion and query for the laboratory experiment; and back to the clinic, for there alone is the test of success, must go the laboratory results.

But no clinical man must ever forget that to the well equipped laboratory and the men trained to the work therein, he is inevitably indebted for every theory, its establishment and control that marks the scientific progress of the world. The clinical man himself is unworthy the name who has not been trained thereto by years spent in acquiring the so-called fundamental sciences of medicine—physics, chemistry, physiology, biology, anatomy, etc.,—all of which as sciences exist only on their laboratory achievements and possibilities.

In closing, it would seem, that it might be said, a laboratory man is too far removed from clinical observation and experience for the best interests of his work.

Without a closer approach, there is danger, that removed from this fountain of suggestion, this training of observation and deduction, and the legitimate enthusiasm of observed successful results of his clinically applied laboratory methods; there is danger, I say, of narrowing the mentality of the laboratory man, to make of him a mere babbler of routine technique.

But on the other side of the question are faults equally as great. We are too accustomed to hear the peddler of pills, a more or less quack, and many whose medical education has been deficient in laboratory training; one might say in the fundamental sciences of medicine, such men we hear prate of the clinic. Such examples, however, are not admissible for discussion at this congress. At most, a clinical man here present would permit a criticism that heretofore his unfamiliarity with laboratories and their workers has caused him to fail in the full realization not only of their difficulties but likewise their success. It required twenty years from the time of its laboratory origin to disseminate through the clinics of Europe the use of general anesthesia. The germ origin of infection was published from the laboratory of Pasteur almost twenty years before its clinical application by Lister, thus establishing antiseptic methods of surgery; and so in an over-extended list can be called to your mind the distance at which the clinic follows the laboratory and the discouraging slowness with which it profits by laboratory theories and methods.

I am fully convinced that the laboratory man wrongly isolates himself from the clinic, for in his heart the clinical man is considered an ignorant and inferior. To a measure this is true. The clinical man despises the laboratory for the paucity of its results, the frequent narrow mentality of its workers whose real value he is not fitted to understand. For he does not read. That which his laboratory contemporary may have accomplished, by reason of his clinical slowness, may reach its practical results only for his son's generation.

This should not be so. A perfection of scientific work is to be found only in close co-operation. Every interest that centres on any problem, its solution, its application, the results, all should be of equal interest to every worker therein engaged. The laboratory man cannot be in too close touch with the clinic, its inspirations, suggestions, results and applications, are as necessary for the vitality of laboratory research as air for life. And the clinical man, carrying as he does the burden of human suffering, counsellor of humanity in its misery, in many cases its only vital savior, cannot avoid the moral obligation of co-operation with and debt to the laboratory investigator. Every step that the laboratory makes possible for the alleviation of disease or its cure, every advance in preventive medicine for the protection of human life that comes from the laboratory, every one of these scientific results must be known promptly, utilized intelligently and efficiently by the clinical man. For as a physician, he is held by the highest moral obligation to be the protector and preserver of life for mankind.

THE HIGHLANDS OF JAMAICA AS A RESORT FOR CONSUMPTIVES.

BY BENJAMIN LEE, A. M., M. D., PH. D., OF PHILADELPHIA,
Secretary of the State Board of Health of Pennsylvania and
Vice President from Pennsylvania to the American
Congress on Tuberculosis.

The Island of Jamaica, although tropical in geographical position, is, owing to its immense coast line, and its lofty wooded mountain ranges, tropical in climate only so far as equability of temperature is concerned. As regards temperature, the climate might be pronounced sub-tropical, or, at certain altitudes, temperate even.

The breezes from the sea by day and from the mountains by night are invariable and invigorating. Any altitude that may be considered desirable, from 1,000 to 7,000 feet, may be obtained. The atmosphere is remarkable for its dryness, owing to very thorough natural drainage by mountain streams. The Indian name of the Island, Xaymaca, signifies "Land of Streams." Sudden and extreme changes of temperature such as visit the United States throughout its length and breadth, are entirely unknown in this happy clime.

The Parish of St. Ann, on the north slope of the mountains toward the western end of the island, possessing a total area of 476 square miles, contains 377 square miles situated at altitudes varying from 1,000 to 2,000 feet above the sea level. This region has been styled the "Garden of Jamaica." It was this which the great discoverer first saw as he approached the island, and which so filled his mind with delight and admiration. The principal town of the Parish is Brown's Town, beautifully situated about 1,300 feet above the sea.

Abstract of a paper read before the American Congress on Tuberculosis, New York, June 2-4, 1902.

The parish of Manchester exceeds all others in average available altitudes, having out of 302 square miles, 134 at between 1,000 and 2,000 feet, and 126 between 2,000 and 3,000 feet above the level of the sea. Mandeville, its most important town, is placed upon the summit of a mountain 2,200 feet high, and is noted at once for its picturesqueness and its cleanliness. It has, therefore, already become a favorite resort for health seekers from the United States, Canada and Great Britain. A considerable railway system, a reliable mail coach service, and generally good roads make communication between the different parts of the island comparatively easy. The mortality of the island, 21.6 per 1,000 living, is greatly increased by the fact that of the population of 755,530, only 2 per cent. are white, the remaining 98 per cent. being negroes, mulattoes, half-breeds and Malays, the most of whom live in utter disregard of sanitary precautions, and by the frightful prevalence of illegitimacy which leads to an excessively high death among infants in the first year of life. The same facts explain the presence of more phthisis than we should naturally expect to find. The susceptibility of mixed races to this affection is well known. This is found principally in the large towns at the sea level. Kingston, with a population of 52,475, reports 154 deaths from phthisis, or 29.34 to 10,000 living, while St. Ann, with a much larger population, reports only 54 deaths or 8.04 to 10,000 living. This will undoubtedly be greatly diminished by the adoption by the health authorities of the island of proper regulations to control the spread of the disease.

WEIGHT IN TUBERCULOSIS.

BY LUCIUS B. MORSE, M. D., ASHEVILLE, N. C.

For centuries physicians have recognized the characteristic habit of body and mind in conjunction with the paralytic or phthisical chest which so commonly predisposes its possessor to pulmonary tuberculosis. The sloping shoulders, flat chest, wing-like scapulae and vertical ribs, diminished respiratory movements, coupled with well-developed mental faculties, seemingly at the expense of the body—all these have long since been recognized. When such a person developed "consumption" the old belief was that the disease was inherited. Now we know, or think we know, that such a person is only predisposed, strictly, not to consumption—for, in truth, this word should only be used where breaking-down has actually taken place—but to tuberculosis. Nor is it necessary that such a habitus should have had tuberculous parents. I am convinced that any severe chronic illness on the part of parents, though particularly affecting the mother during the months of pregnancy, will confer a weakened resistance upon the child. Such a weakened cellular resistance predisposes that child, not only to glandular, and later, to the pulmonary forms of tuberculosis; but as well, though perhaps in a slightly less degree, to many other constitutional diseases dependent upon a lowered nutrition.

After all, however, is not this characteristic "phthisical habitus" only a striking type? Like most types, it is unmistakable and significant. However, it seems to me that the almost infinite variety of exceptions and variations from this time-honored picture greatly outnumber the picture itself; for certain it is that a large percentage of persons who develop pulmonary tuberculosis never have had this pre-

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disposing habit of body. It is, of course, admitted that, after the affection has once developed, as a result of the wasting of the subcutaneous fat and atrophy of muscles, we frequently observe the phthisical thorax.

There is, I believe, one condition present in a large percentage of persons who are predisposed to, and later, develop tuberculosis, and that is a diminution of body weight.

For some time the writer has been struck with the fact that it was the exception to find a person developing tuberculosis whose normal average weight, in health, had been up to the correct average—height and age being taken into account. It was to ascertain the percentage of weight diminution in persons who later developed tuberculosis, that the following investigation was made. I have, during the last three years, kept some records and charts of cases treated and others coming under my observation. Especially, however, am I indebted to a number of Asheville physicians who have kindly given me valuable data from which the following statistics were compiled.

By Chart I account is taken of (a) normal average weights in health; (b) greatest previous weights; (c) correct average weights insurance statistics; (d) percentage ratio minus and plus between normal average weights and insurance averages; (e) ideal weights United States Army, and (f) percentage ratio minus and plus between normal average weights and United States Army averages. Explanation of insurance weights is noted in Chart II. This chart was compiled by Dr. M. E. Moss, from 133,940 successful applicants for life insurance, giving the average weights for certain heights with age corrections. The chart applies only to males, and the weights and heights are taken with clothing. In the ideal weights United States Army, the figures are computed in this way,—two pounds per inch for the first five feet (60 inches), four pounds per inch for the next six inches, and six pounds per inch for every additional inch. These figures are stripped heights and weights. The entire weight of moderately heavy clothing of a man of medium height is about eight pounds. To make the insurance and army standards correspond, it was necessary, in calculating the latter, to subtract one inch from insurance heights; then, after computing, to add eight pounds for clothing. It will

be noted that the insurance and army weights are quite different; the latter being considerably heavier. The reason for this, after a little thought, was quite obvious. The class of men from whom the insurance statistics were compiled naturally come from the cities and towns; men who are quite generally healthy, but whose lives are largely sedentary and indoors. On the contrary, the men who enter the army, particularly in time of peace, are largely well-developed muscular fellows, and represent a high type of physical manhood,—the standard for admittance into the Army being very high. It was for this reason that I called the United States Army standards "ideal weights." In computing the army weights, there is no age correction, so that in persons well advanced in years, the insurance weights sometimes equal, or even surpass, the army weights; but this is due to adipose tissue. In computing the insurance weights for women, the Nylc Standard Table of Heights and Weights in use by the New York Life Insurance Company was used and is very convenient.

Of the 79 cases studied (See Figure 1), 2 cases could not be included as no data concerning correct averages could be obtained for their ages, leaving 77 cases for consideration, the results of which were as follows:

A. Comparison of Normal Average Weights with Insurance Standards.

60 cases averaged 20 lbs. under weight, or 13 per cent.

15 cases averaged 10 lbs. over weight, or 7 per cent.

2 cases equalled Insurance Standards.

B. Comparison of Normal Average Weights with United States Army Standards (51 males).

47 cases averaged 27 lbs. under weight, or 16 per cent.

3 cases averaged 10 lbs. over weight, or 6 per cent.

1 case equalled U. S. Army Standard.

It will thus be seen that by far the large majority of persons who contract tuberculosis have, all their lives, been under-nourished. This is in accord with insurance statistics. Very much of late has been said and written of the lowered vital resistance which is such a predisposing factor to tuberculosis. It would seem as though a diminution of body weight, other things being equal, is the surest index of this lowered vital resistance.

Figure 1.

No.	Age.	Sex.	Height.	Normal aver- age weight in health.	Greatest previous weight.	Correct wgt. (Insurance statistics.)	Percentage above or below.	Ideal weight, U. S. Army.	Percentage above or below.
1	24	M	5-7	135	141	142	-5	152	-11
2	33	M	5-7.5	150	167	152	-1	155	-3
3	26	F	5-2	120	125	120	0	...	...
4	27	F	5-3	120	130	125	-4	...	...
5	36	M	6-1	135	135	185	-28	182	-26
6	24	M	5-9	146	150	150	-3	170	-14
7	34	M	5-11	150	150	160	-6	176	-15
8	28	F	5-3.7	125	136	128	-2	...	...
9	25	M	5-11	138	...	162	-15	176	-23
10	43	M	5-6.7	128	140	155	-17	151	-15
11	17	F	5-4.5	104	104	125	-17	...	...
12	55	M	5-11.5	167	180	180	-7	179	-7
13	36	M	5-11.5	145	152	176	-18	179	-19
14	20	F	5-5.2	110	120	127	-13	...	...
15	22	M	5-10.5	125	136	154	-19	173	-28
16	27	M	5-11	175	187	164	* 7	175	0
17	31	F	5-8.5	146	150	148	-5	...	...
18	14	F	5-2.7	96	96	...	...	...	...
19	30	M	5-8.5	134	140	155	-14	161	-17
20	22	M	6	148	153	165	-10	182	-19
21	32	M	6-3	150	160	195	-23	196	-21
22	45	M	6-1	185	190	191	-4	188	-2
23	17	M	5-6.5	128	132	135	-5	149	-14
24	26	M	6-0.2	160	170	172	-7	184	-13
25	19	M	5-7	135	138	142	-5	152	-11
26	35	M	5-10	150	169	166	-10	170	-12
27	27	M	5-5	135	140	138	-21	144	-6
28	26	M	5-8	135	140	151	-11	158	-13
29	35	M	5-8.5	172	172	158	* 9	161	* 7
30	22	M	5-11.5	163	170	163	0	179	-9
31	35	F	5-2	145	149	125	* 16	...	...
32	29	M	5-11	140	145	164	-15	176	-20
33	25	M	5-6.6	125	...	142	-12	150	-17
34	38	M	5-8	123	...	157	-22	156	-22
35	21	M	6-1.3	138	145	172	-20	190	-27
36	32	M	5-7.7	126	135	150	-16	156	-20
37	22	M	5-11	135	140	159	-15	176	-23
38	18	M	5-10.5	125	125	150	-20	173	-28
39	30	M	5-8.5	130	134	155	-16	161	-19
40	38	M	5-8.9	130	135	162	-20	164	-21
41	30	F	5-4.2	116	120	130	-11	...	...
42	31	F	5-5.7	110	118	137	-20	...	...
43	27	F	5-3	93	99	126	-26	...	...
44	42	F	5-1.7	110	118	124	-11	...	...
45	28	M	5-9	146	149	155	-6	164	-11
46	45	M	5-11.5	155	170	183	-5	189	-18
47	24	F	5-5	135	136	129	* 5	...	...
48	18	M	5-6	120	125	135	-11	148	-19
49	39	M	5-7.5	145	156	154	-6	155	-7
50	21	F	5-2	134	135	123	* 9	...	...
51	60	M	5-11.5	170	185	182	-7	179	-5

* Plus or above correct or ideal weight.

(FIGURE 1—CONTINUED.)

No.	Age.	Sex.	Height.	Normal average weight in health.	Greatest previous weight.	Correct wgt. (Insurance statistics.)	Percentage above or below.	Ideal weight, U. S. Army.	Percentage above or below.
52	39	F	5—3	138	152	132	* 3	...	...
53	48	M	5—11.7	148	153	182	—20	180	—18
54	24	M	5—6.5	130	...	140	—8	150	—13
55	33	F	5—6.5	160	170	142	* 13	...	...
56	18	M	5—4	106	115	131	—20	140	—24
57	29	F	5—5.5	125	180	140	—11	...	...
58	17	F	5—3.5	110	115	...	...	...	...
59	26	M	5—5.7	120	130	141	—15	147	—18
60	21	M	5—6	112	118	137	—18	148	—24
61	24	F	5—5	110	117	129	—15	...	...
62	44	M	5—10.5	185	187	173	* 7	173	* 7
63	42	F	5—2	136	138	128	* 6	...	...
64	49	M	5—6.5	145	...	153	—5	150	—3
65	20	F	5—4	125	138	123	* 2	...	...
66	23	M	6—2	130	147	176	—26	194	—24
67	20	F	5—2.5	105	115	118	—11	...	...
68	33	M	6—1.5	160	183	185	—14	191	—16
69	66	M	5—6.5	130	...	185	—30	150	—13
70	23	F	5—2.5	108	116	120	—10	...	...
71	32	M	5—8	130	...	154	—16	158	—18
72	28	F	5—00.5	130	140	125	* 4	...	...
73	23	M	5—6.5	143	155	140	* 2	150	—5
74	22	F	5—5.3	125	140	128	—2	...	...
75	26	F	5—4	130	...	127	* 2	...	...
76	29	M	5—7.3	160	162	148	* 8	153	* 5
77	24	F	5—9	155	160	141	* 9	...	...
78	42	M	5—7.5	145	149	157	—8	155	—6
79	20	F	5—4.7	110	126	126	—15	...	...

RELATION OF WEIGHTS TO HEIGHTS.

Compiled from 133940 successful applicants for insurance.

Height	5ft.	1	2	3	4	5	6	7	8	9	10	11	6ft.	1	2	3
18 to 25 yrs..	120	122	124	127	131	134	137	142	146	150	154	159	165	170	176	181
25 to 30 "	125	126	128	131	135	138	142	146	151	155	159	164	170	177	184	190
30 to 35 "	128	129	131	134	137	141	145	150	154	159	164	169	175	181	188	195
35 to 40 "	131	132	134	137	140	143	147	152	157	162	167	173	179	185	192	200
40 to 45 "	133	134	136	139	142	146	150	155	160	165	170	175	180	186	194	203
45 to 50 "	134	136	138	141	144	147	151	156	161	166	171	175	183	186	198	204
50 to 55 "	134	136	138	141	145	149	153	158	163	167	172	177	182	188	194	201

The investigation probably would never have been undertaken had I not become impressed of one very important fact, both from the standpoint of prophylaxis and treatment, namely: That it is not only highly desirable, but altogether possible, for, at least, a very large proportion of individuals to put on good flesh; in most instances considerably surpass-

ing their greatest previous weights, even to arriving at insurance standards.

Now, let us briefly consider some of the usual objections raised to what has been called "injudicious weight gaining."

First of all, as was pointed out by Dr. Moss at the Fourth Annual Meeting of the National Fraternal Congress, longevity is greatest in (a) persons whose heights are medium ones. The average American height is 5 feet 8½ inches; English, 5 feet 9 inches, and Scotch, 5 feet 10 inches. It is interesting to note that those persons who were 5 feet 7, 8 and 9 inches were considered the best risks. The greater the variation above and below these heights, the shorter the lives. What was of more importance, however, was (b) the value of an average weight for a particular height. It was found that under-weights died of tuberculosis and nervous diseases, and over-weights of heart disease and apoplexy. Dr. Moss considers under-weights poor risks when 20 per cent. below the limit. He considers an increased height beyond 5 feet 10 inches an increased hazard.

It may be argued that no hard and fast rule can be laid down for every individual; that you cannot make people to order or "stuff" them up to a high point and make them stay. Persons will be pointed out who have all their lives been thin, yet have enjoyed most excellent health. Nevertheless, the fact remains that a highly nourished body is an index of the resisting power of that body, that persons who are nearest to the average for their particular height, are the longest lived. It has been thought that hyper-alimentation would surely disturb the stomach and cause intestinal fermentation, putrefaction, constipation and the whole train of symptoms due to absorption of poisonous bodies. In considering this objection I want to say that the indigestion, which exists in the great majority of both the predisposed and in developed cases, is not due to organic changes. It is true that their digestive functions are lowered, but the cause is one of gastro-intestinal atony. The involuntary muscles of the intestinal tract, like the skeletal muscles, are simply atonic. As Knopf pointed out, however, very many of these patients have the power to digest and assimilate more food than their appetites would seem to indicate. Many of these people, particularly women, are hereditarily poor eaters.

All will agree that the end to be attained by an out-of-door life, careful regulation of rest and exercise, etc., etc., is the increasing of bodily resistance. But, it might be asked, does a mere increase of avoirdupois increase in the same ratio the resistance? In answer to this I will say that almost all phthisio-theurapeutists agree in saying that a uniform gain in flesh is almost always accompanied by an equally uniform improvement in the disease. It also seems to me that too many physicians minimize the value of fat. Certain it is that persons having considerable adipose quite rarely contract tuberculosis. The fat acts as a protection against cold, and, by its oxidation, is a source of much energy. Adipose tissue, the liver and the spleen are the three great storehouses of the body. During starvation, these tissues undergo the greatest loss, their stored-up materials being carried to the more vital organs. From this one physiological fact it stands to reason that a goodly supply of this hydro-carbon is advantageous. The now well-established treatment of essential neurasthenias (a disease in which the tissues are very similar to tuberculosis) is rest and hyper-alimentation. It is also claimed that weight thus gained is not substantial and cannot be held. This is true within certain limits, but my experience is that patients, who have maintained quite an excessive body weight for some time, do not return to their old diminished weights, but, instead, keep a relatively high mark, perhaps equal to, or above, their greatest previous weight.

In the treatment of any particular case, assuming that there is no organic stomach or intestinal lesion, the stimulation of the appetite by tonic measures is indicated. First, and by far the most important, is fresh air. The continuous uninterrupted exposure to the fresh air must ever be our sheet anchor in the treatment of this disease. Tonics administered one-half hour before meals greatly stimulate the appetite. In forcing the nourishment, only allow such food as experience has shown can be digested and assimilated; however, one should insist on their taking those foods slightly in excess of their desires. For a few days, such a course will be accompanied by a sensation of satiety, but this passes away and, at the end of two or three weeks, patients are astonished to find that they can take an appre-

cial increase of food without the sense of fullness at first experienced. Ample time should be spent at meals, an hour at each probably being none too much. This is an important instruction; they will then thoroughly masticate their food, and, at the same time, quite unconsciously, eat a larger quantity. The recent advocates of the raw meat treatment claim for it the substitution of a gouty for a tuberculous diathesis. The reasoning is sound and good results are claimed. However, a generous diet seems to be most widely followed.

For the correction of constipation, fermentation or putrefaction, small doses of calomel, cascara, salol, etc., are usually sufficient. It is many times wise to promote a bowel movement at bed time, thus favoring sleep. While I am well aware that each case must be individualized, yet, I am confident that hyper-alimentation, judiciously carried out, is productive of the very best results.

For some time I have kept weight charts of my cases, the patient being weighed once a week at the same hour, preferably about eleven A. M. Two horizontal lines are shown on each chart, the lower one of which represents the insurance average for the particular height and age, and the upper line (on male charts), shows the United States Army ideal. These charts serve several purposes. First of all, they form an accurate and graphic record of the case from week to week, showing the causes, if one wishes to record them, for a failure to gain during any particular week. More important, however, is the incentive for weight gaining that such a chart has upon the patient. They watch with great interest the heightening of the weight line, and a failure to gain invariably stimulates them to renewed effort.

Finally, I would like to emphasize the importance of a watchful supervision over young men and young women between the ages of fifteen and twenty-five years. More attention should be given to the perfection of their health. Those who are frail or considerably under weight should be taken out of school, the physicians should insist on their taking lung gymnastics, leading an out-of-door life, and taking a large amount of nourishment. There is a great need of more out-of-door schools, such as the Thatcher Preparatory School for Boys at Nordoff, California, and the recent-

ly built and splendidly equipped Asheville School at Asheville, North Carolina. In neither of these schools, however, is out-of-door instruction observed to anywhere near the degree that would be possible, though they are an improvement over the older schools. More modern institutions of learning of this sort should be constructed alike for both sexes.

Broadly speaking: The disappearance of tuberculosis from the world must always depend upon two distinct, yet related, lines of action, viz: the destruction of the tubercle bacillus, on the one side; on the other, the physical perfection of the race.

THE CLIMATE OF ARIZONA IN RELATION TO TUBERCULOSIS.

BY DR. JOHN R. WALLS, OF PRESCOTT, A. T.

I wish to call attention to the climate of Arizona as a means for future benefit, as it has been in the past, to those tuberculous patients who are seeking a location where they may be restored to health by climatic methods.

The Territory of Arizona comprises an area of 113,870 square miles; the population is 132,000, of which 12,000 is Indian.

Forming, as it does, a part of the high table land extending across the center of the Rocky Mountain range from Colorado to California, it offers advantages within its borders for the successful handling of consumption, singly or in sanatoria.

Being upon the Pacific slope and at the western border of the great table land, and being mountainous and badly broken as well, it possesses altitudes from 1,200 to 8,000 feet above sea level, situated in localities where any person may live. Osler voices the opinion of most medical men when he says the requirements of a suitable climate are, "a pure atmosphere, an equable temperature and a maximum amount of sunshine." I may add for myself another condition, and that is, a place wherein, if necessary, any person may earn a livelihood after a restoration to health, or where those of means would desire to live, and could see various places of interest during their period of enforced inactivity.

Read before the American Congress on Tuberculosis, in the Symposium on Climate, June 3, 1902.



HON. THEODORE DEHESA,
Governor,
Vera Cruz.



HON. A. E. FORGET,
Lieutenant Governor,
N. W. Province of Canada.

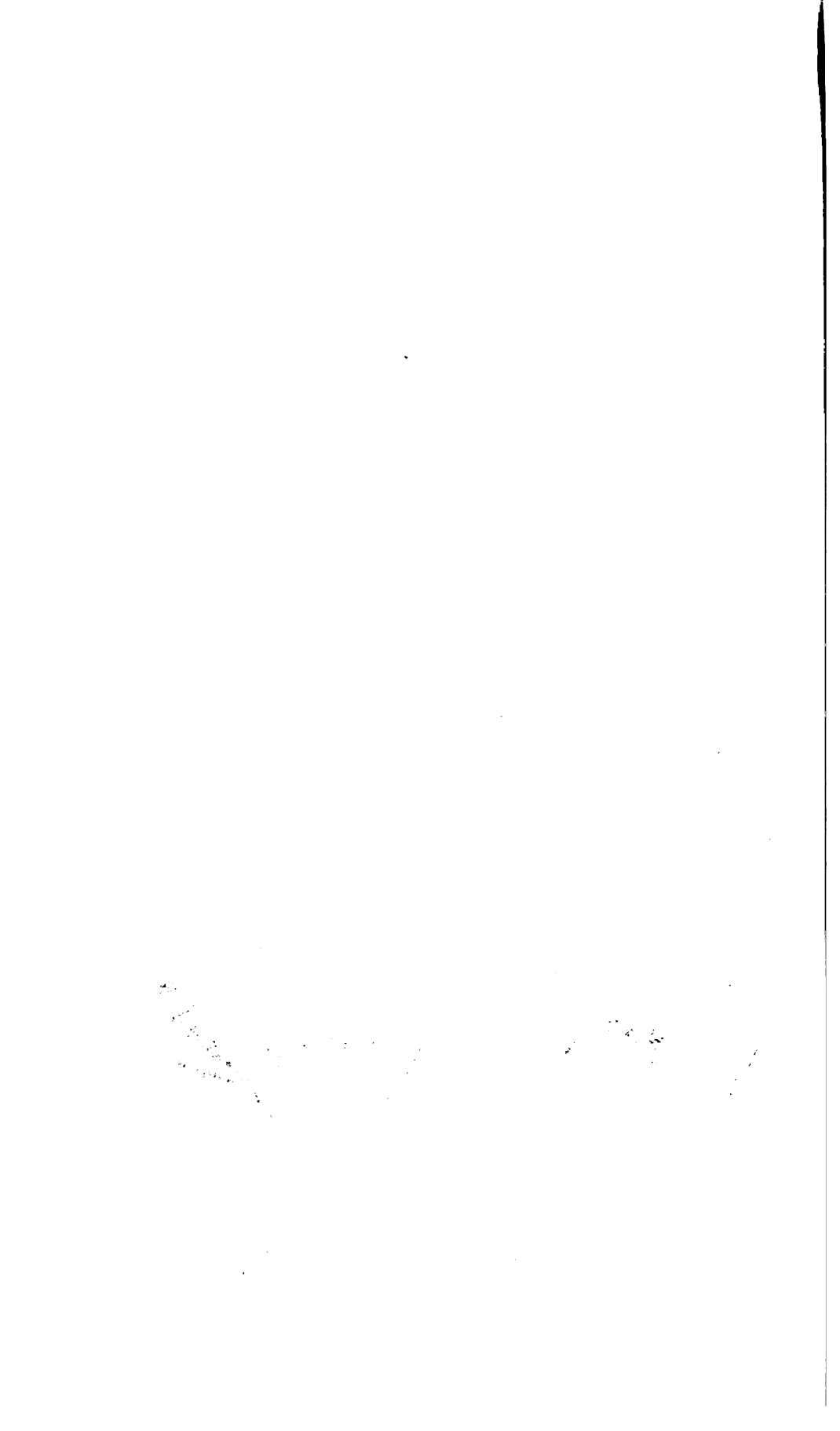


HON. HENRY G. JOLY DE LOTBINIERE,
Lieut. Governor Victoria, B. C.



PROF. DR. CONI,
Buenos Ayres, S. A.

HONORARY VICE PRESIDENTS OF THE AMERICAN
CONGRESS ON TUBERCULOSIS.



Under the above heads we can consider the climate of Arizona.

(A) A PURE ATMOSPHERE.

A dry aseptic air is one of the greatest considerations asked for by one in search of health when afflicted with tuberculosis. Dews are almost unknown in Arizona except in the irrigated area. The mountains have a dry, light air with plenty of ozone. The soil is dry and porous.

A case in point may not be amiss here.

A patient of mine, Mr. F.—, came to Prescott the second time for tubercular trouble, having a history of one sister dying from the same trouble, and a family history of tubercular infection.

His first visit proved very satisfactory; he believed himself cured for all time so went home, but was forced in a couple of years to return to Prescott.

This time he consulted a physician who told him to remain in Arizona, to make it his future home. This he decided to do, and at once took a position as a clerk in a hardware store, where he commenced "running down."

He came to me in the summer of 1900, when I advised him to get outside—to live outdoors, and as I was then going to the Juniper Range for a month's vacation, I asked him to come along. We spent several weeks in the hills deer-shooting, living entirely out of doors, sleeping in canvas beds upon the ground and beneath the trees, and one night we spent upon our saddle blankets with our saddles for pillows, having killed an especially large buck at dusk, too far from camp to make it that night.

This man gained in weight and strength, his cough has gone entirely, he has resumed his occupation, spending a portion of each day in the sun, and a part of every autumn in the hills, and all his Sundays in the open air.

He is now as fine and hardy a physical specimen of manhood as you can see any place.

Here I wish to point the moral of the case.

Every consumptive should be under the care of a physician. Climate will not cure unless intelligently applied.

No person can obtain the advantages of climate by sitting all day in hotel corridors, sleeping in tightly closed rooms, and walking in the shade.

The air of the mountains is so dry and aseptic that the dwellers in these regions in Arizona have screened boxes suspended under the trees in the shade, wherein they keep fresh meat hung for days during the summer. Meat thus kept does not decay, but dries up. With the pure air comes the question of altitude, for such conditions obtain only in the high altitudes as a rule.

Arizona offers habitable altitudes, from Flagstaff, with an altitude of 6,885 feet, amid the pines and snow-clad peaks of the San Francisco Mountains, to Phoenix, with one of 1,108 feet, among the orange blossoms of the Salt River Valley, while Prescott, in the centre of the mountain mining region, with an elevation of 5,320 feet, offers a happy medium and furnishes an ideal place to live.

(B) AN EQUABLE TEMPERATURE PREVAILS
THROUGHOUT THE TERRITORY.

During a residence of five years in Prescott, I have never seen a hot night, nor a time during the hottest season, when it was not cool in the shade. One can sleep at night comfortably all summer long in tents or in-doors.

(C) A MAXIMUM AMOUNT OF SUNSHINE.

I don't believe there is another place in the world where the sunshine is such as it is in Arizona, so strong and warm and life giving, yet producing no sunstroke even in the hottest season, unless it be upon drunkards in the Salt River Valley.

In five years' residence at Prescott I can recall but one day when the sun did not shine some part of the day time. I have never seen a day when a consumptive, able to be about could not be outside in the open air some part of the time.

The average relative humidity is low, and proves the dryness of the air. The soil is porous and drinks up the water greedily, whenever snow or rain falls. It is unfortunate that so many people come or are sent to climatic resorts at such an advanced stage of their trouble, that the altitude wears out the heart and depresses the nervous system to such an extent that the inevitable end is hastened and made misearable beyond endurance.

The poorer classes should never be sent unless they can travel alone and care for themselves, for the complaint nostalgia is one of the worst to combat, especially when the suf-

ferer is really ill from such a trouble as consumption. I would like at this time to make an earnest plea to the profession at large to make their diagnoses early, look carefully into the sentimental side of each case to see if they are independent in character, determined and willing to make decided effort for their own recovery, and above all, as many physicians have advised, do not send them out to live upon climate alone, telling them they need no medical aid or advice, but may sit down quietly and breathe new life at such an altitude, irrespective of their nervous organization or the condition of heart or general physical make-up.

Send your patients to our climate, but send them to some reputable physician, accompanied by a complete history of their cases, so that the man upon the ground may advise them and choose the altitude which experience in the field has taught him to be the most suitable to such cases.

The outdoor method, I believe, offers the best hope at present for the successful handling of pulmonary consumption, therefore, I would urge upon those in the middle and eastern and low countries, the necessity of watching carefully all cases of lung and throat trouble which seem to persist after the acute stage has had time to subside. I mean all La Gripes, pleurisies, pneumonias and persistent colds, especially La Grippe. An early diagnosis is essential. I believe incipient pulmonary tuberculosis can be cured in a great majority of cases if the sufferers come early to the climate of Arizona or New Mexico and live rational lives out of doors.

It is well to impress upon the minds of your patients, that where they find a climate which cures, there they should make their homes for the balance of life.

Many times in Colorado and Arizona, where I have lived for the past 11 years, I have seen cases apparently well, go back East against advice, but because their own physician, at home, said they might, never to return, but to break down completely.

This brings me to the material side of this question. A choice of locality where the recovered consumptive may find employment or a residence and recreation, according to his or her respective material wealth.

Arizona to-day is just awakening from her sleep of 20 years, as Rip Van Winkle did of old. Her valleys are be-

ing cultivated by the farmer so that grain, hay and fruit, with all kinds of vegetables are easily obtainable, and the farm offers employment to many people.

The cattle men are still busy over the hills, gathering, branding and herding, while sheep and goats are in vast flocks in the country, the herding of which offers to many a consumptive a remunerative means of employment and an ideal out-door life, or a business both profitable and beneficial to the man of means.

The poultry industry is in its infancy, is an out-door employment, and offers large profits on the investment in a ready sale and a large market. Business of all kinds offers employment to many men. Stage driving, delivery wagons to the mountain regions, or freighters. The great industry of the country of course, is mining, and the rapid advance since the miner has realized he must obtain depth, has opened up a large field wherein the poor may obtain employment, and the rich investment in all the attendant needs surrounding a mining camp upon its surface. We have but to mention the mines surrounding Prescott to give some idea of the mineral wealth of the country. The United Verde Copper Mine, netting \$1,000,000 per month; the Congress, The Crowned King, The McCabe, The Cash, The Dutchman and Midnight Test, The Empire, The President, The Copper Basin Groups, The Oro Grande, The Octave, The Mudhole, The Gladiator, The McCabe Extension, which has grown from a prospect to a mine within a year, and many others which are fast gaining prominence because of their ore bodies.

The scenery of Arizona is unsurpassed by any place in the world, both for its beauty and its historic note. Let me mention a few of the most noteworthy:

The Petrified Forest in the north, where, in ages past, a mighty effort of Nature turned the waving trees to quiescent solid stone, and left the structure intact in all its lines of stilled beauty and of color.

Near Prescott we have Granite Dells, through which runs a crystal stream, here and there a lake, and a number of acres of rich, tillable land, an ideal place for a sanatorium. This was once, I believe, a grotto of the sea, wherein perchance, the mermaids held high carnival and did obeisance

to their queen. A vast pile of rounded, water-washed rocks with valleys and avenues between, covering some hundreds of acres of ground within five miles of Prescott, having a railroad station in its midst.

Montezuma's Castle, wherein 'tis said the ill-fated monarch of the Mexicoes took refuge when betrayed by his own daughter into the hands of Cortez, lies not far from Prescott, near the fertile valley of the Verde River. Near it is the well wherein Montezuma dropped his treasure, and tradition says it was so heavy it broke through the bottom and has never been discovered, nor has any person since been able to fathom this well, whose surface is some 100 acres in extent.

To those who have never seen the Grand Canyon of the Colorado River, this description may be of interest:

There is but *one* Grand Canyon. That is in Arizona. It is the most sublime of earthly spectacles. It begins at the mouth of the Little Colorado and terminates at the Grand Wash, a distance of $217\frac{1}{2}$ miles.

It is from 5 to 18 miles wide, from 5,000 to more than 7,000 feet deep. It is not a deep gloomy gorge, but a series of canons, one within and below the other. Picture one canon one thousand five hundred feet deep, and twelve or eighteen miles across, below this another canon, two to six miles less in width, and 2,000 feet deeper than the first one, still another 2,000 feet deeper and four miles narrower, until the true gorge of granite is reached, through which the roaring river flows, and you will have some idea of the sublimest thing on earth. It has been chiselled out by the rushing, whirling, roaring Colorado River, a river that is over 2,000 miles long, and drains some 300,000 square miles of the west side of the Rocky Mountains. Coming to this canon one does not see any sort of mountain or gorge with which one is familiar. One suddenly comes to a vast area which is a break in the plateau. There before you lies the mighty red rift in the earth. The mind is spell-bound by the scene, the voice is silent, the heart subdued. You can look up and down from certain projecting points on the rim—40 or 50 miles, and to the opposite side of the canon. The great space is filled with gigantic architectural constructions, with amphitheatres, gorges, walls of masonry, fortresses ter-

raced up to the eye, temples mountain size, all brilliant with lines of horizontal color-streaks of solid hues a few feet in width, and streaks a thousand feet wide—yellow mingled with white and gray, orange, dull red, brown, blue, carmine, green—all blending in the sunlight into one transcendent suffusion of splendor. A multitude of mountains like the Catskill and Holyoke, could be hidden away in this Grand Canon.

From the rim one can look down upon mountains of sloping bases of ashy gray and bluish—they rise in a series of terraces of a thousand-feet wall of dark red sandstone, and many fantastic sculptures to a final row of gigantic opera glasses seven thousand feet above the river. No matter how many descriptions you may read of the Grand Canon, when you see it for the first time—its profound depths, its colossal heights, its myriad and matchless colors, its brilliant hues, its striking lights and shades, and its tout-ensemble, will fill you with a mingled sense of awe, wonder, admiration and reverence.

One peculiar effect you will never notice elsewhere. It is well known that the blue sky is not blue, and there is no sky. Blue is the color of the atmosphere, and when seen in the skies of deep overhead, or condensed in a jar, it shows its own true color, so looking into this inconceivable Canon the true color comes out most beautifully. There is a background of red and yellowish rocks, which make the cold blue blush with warm color. The sapphire is backed with sardonyx, and the bluish white of the chalcedony is half pellucid with the gold chrysolite behind it.

Herein the Grand Geometrician of the Universe was laying the foundation for His Perfect City, and the light of it seemed fit for the masters to walk therein, and to have been made by the luminousness of Him Who is light.

A whole day is taken to go down to the river and return. You journey along a zig-zag trail for seven miles, a trail at times frightfully steep.

The Canon is now easily reached by rail. The main line of the Santa Fe Railroad passes Williams, Arizona, where splendidly equipped trains make connection for the Canon and run within a few feet of the rim.

There, guides, burros and horses may be obtained with all the necessities for the trip. Hotel accommodations are good.

The educational advantages of Arizona are rapidly improving. We have public, high and normal schools, and a university.

I believe Arizona possesses the best locations in the world for sanatoria for the treatment and care of tuberculosis; and to you who wish to legislate against tuberculous people, I say send them out to us, and we will make strong and well men and women of the weaklings.

PROFESSOR ROBERT KOCH REVIEWED.

BY C. C. CARROLL, M. D., OF NEW YORK CITY.

At the meeting of the Congress on Tuberculosis in London, Prof. Robert Koch startled the scientific world in a paper which he read before that body, in which he took a position regarding the inter-infectious character of tuberculosis between the human and bovine families at variance with the generally accepted opinion of the medical profession of all countries.

The first statement that Prof. Koch makes is, that human bacilli derived from sputa of consumptive patients will not infect cattle. Ergo, cattle bacilli will not infect the human family. The proof that he offers in substantiation of this claim is, first,—that he experimented on nineteen head of young cattle which he fed, sprayed and inoculated with human sputa of consumptive patients for a period of six months, and quoting him, “in internal organs not a trace of tuberculosis was found.” By the term internal organs, we suppose that he has reference to the viscera of these animals. Might he not have found bacilli had he gone outside of the viscera, or the internal organs, as it is a known fact, well authenticated by all State veterinary inspectors for tuberculosis, that organs outside of the viscera are quite as liable to contain tubercles abounding in bacilli as are the internal organs. The flank in the bullock or cow more frequently contains bacilli than do internal organs, therefore, would the deduction from his autopsies be regarded as thoroughly scientific and final? Apropos to this question, the New York State inspector, Dr. Faust, of Poughkeepsie, in 1896, was called to inspect the

cattle on the farm of Governor Morton, and among the cattle that Governor Morton possessed was one cow of very great value, that was supposed to be entirely free from tuberculosis, and was called his "baby cow," because her milk was specially kept for young babies. This cow was supposed to be worth \$1,000, and when he went to inspect Governor Morton's herd, a protest was made against his inspecting and condemning this cow; nevertheless, the inspection was made; tuberculin was injected into this valuable Guernsey cow, and as a result of this tuberculin test, a rise of temperature followed, indicative of tuberculosis, latent or active. There was gathered to witness the killing, as this cow excited a great deal of interest, being a cow of great value and belonging to Governor Morton, a number of the medical and veterinary profession, as well as the farmers of the surrounding country. There was a provision of the law existing at that time, that if the inspector failed to show tuberculosis, then the State was to be held for the value of the cow. This was sought to be shifted from the State to the shoulders of the inspector, which Dr. Faust accepted, believing so strongly in his diagnosis by the use of tuberculin. After slaughtering, an examination was carefully made of the liver, stomach, bowels, kidneys, spleen and udder without finding present any tubercles whatever. In this stage of autopsy it looked as though the State inspector would have to stand the loss of this valuable cow. The multitude of physicians, veterinaries and farmers that were watching with intense interest the result, began to sympathize in whispering tones with poor Dr. Faust. The doctor himself looked puzzled, but all at once bethought himself that he had not opened into the flank, which he did, and to the surprise of every one he found a tubercle as large as a hen's egg, containing bacilli tuberculosis, hence, the loss fell upon the Governor and not upon Dr. Faust or the State. Had Dr. Faust confined his autopsy to the lungs, liver, stomach and bowels, the viscera of the

animal, as did Dr. Koch in his cases reported, this tuberculous animal would have passed as non-tuberculous, hence, the diagnosis made by Dr. Koch, would have been in this case misleading and erroneous. Dr. Koch says that in his efforts to induce infection by inhalation and by ingestion, were failures, but that his inoculation, he admits, did infect and that bacilli were found in the foci of suppuration, where he injected the human virus. Is this not an admission of the whole ground, that the bovine can be infected by the bacilli of the human?

Third:—Prof. Koch make a statement that “this is exactly what one finds when one injects dead tubercle bacilli under the skin of animals liable to contagion.” This statement would seem to be somewhat ambiguous. Does he mean all animals are liable, as are all humans, to contagion? Or, does he mean all animals already infected, but in a quiescent state, that tuberculin would fire up into activity? His own statement is that “if the animals which were experimented on were affected by the living bacillus, exactly as they would have been by a dead one, they were absolutely unsusceptible to them.” Is this deduction legitimate, from the terms above mentioned, when it was shown in his own paper that the bovines in question were infected by inoculation, hence, not absolutely unsusceptible to infection by human bacilli. What Dr. Koch would seem to have proven, which is of interest to all, is that the bacilli of bovine consumption is much more virulent than that of the human consumption, and that the period of inoculation from bovine infection is shorter, producing all the symptoms of ptomaine poison, such as high temperature, high pulse and high respiration move rapidly. The point Dr Koch seeks to make is that the meat, milk and possibly butter and cheese from the bovine family will not infect or cause tuberculosis in the human family. Were this true it would be a source of great relief to all consumers of meat, milk, butter and cheese, but so far as I am able to ap-

prehend the paper, has the distinguished professor adduced any evidence in proof that would make it safe for us to eat meat, butter and cheese and drink milk from a bovine family that was known to be tuberculous? Would the State be justified in allowing butchers to furnish the market with tuberculous meat, or diarmen to supply our homes with tuberculous milk, butter and cheese products? On the contrary, we should be very careful to prohibit from our homes, all tuberculous meat, milk and other dairy products, if the experiments of distinguished and capable observers in the medical and veterinary professions are to be relied upon. A doctor of Philadelphia states positively that he traced direct consumption of a child that was brought up on the bottle, to the milk of a tuberculosis cow upon which it was fed. It has been observed by all physicians, that children who are brought up on the bottle, are more likely to be tuberculous than are those that are nursed by their own healthy mothers. Again, it is a matter of observation that children are more frequently consumptive than adults, and as milk constitutes much of the food of children of all countries, may this not be one of the reasons why so many more young children die with tuberculosis than do adults?

Dr. Koch alleges that because the bovine bacillus is larger than the human bacillus, therefore, it is to be differentiated from the human bacillus. Is not this fact due to environment instead of a difference of bacillus? The human bacillus differs in size and markings in different subjects. We find in small, emaciated and far-gone cases, the bacilli are smaller and with less distinct spore markings than are found in larger and more robust patients.

It would seem that the size and number of spore markings is in some degree dependent on the soil in which the bacilli are found. Again, the period of incubation and more rapid progress of the disease in the bovine would look as if they were not the same bacillus. Here, again, environment might

account for the seeming difference. The human bacillus multiplies much more rapidly and is much more vigorous when the temperature of the patient is much above normal. They are more sluggish and less virulent when the temperature is at or below normal, say at 98.5 degrees or below normal, human temperature, and as the temperature of the bovine family is 101.5 degrees Fahrenheit, some three degrees higher than the human, would we not expect a greater virulence and more rapid progress of the disease in the bovine than in the human, the very condition of things that is found. In the cattle the bacilli find a richer and warmer soil, a better pasture in which to feed and grow. I would, therefore, enter the plea of the Scotch verdict, "Case not proven."

BACTERIOLOGY IN TUBERCULOSIS.

Dr. James Carroll, of the United States Army, stationed at the Army Medical Museum at Washington, takes an interest in this subject, and he sends the following communication to the discussion of this branch of the subject. His letter is given below:

Army Medical Museum,
Washington, D. C., May 28, 1902.

Clark Bell, Esq., Secretary American Congress of Tuberculosis, 39 Broadway, N. Y.:

Dear Sir:—I am in receipt of your letter of the 23rd instant and beg to thank you for the honor conveyed in your invitation to participate in the discussion on June 2nd.

I am now working on a paper for the meeting of the Association of Military Surgeons on June 4th, and regret very much that I cannot come on to enjoy the pleasure of being present at your meeting.

There is one point in regard to the working out of a cure for tuberculosis that I would like to mention, for it seems to me that it would be worth trying by some one who possesses the facilities, and can devote the time necessary for the careful performance of the work. A great many attempts along different lines have been made to obtain an agent that will cure this disease, so far as I know, without success.

I would suggest some such line as the following: In nature we have an infinite number of bacteria, each of which elaborates a product peculiar to itself, so that probably no two of these products are exactly alike. It is possible and even probable that among such an unlimited number of bacteria there is one or more whose products will inhibit or prevent the growth of the tubercle bacillus. A filtrate from a culture of such an organism might prove of value in the cure of tuberculosis in the human being, either by direct action, or by induc-

Contributed to the American Congress on Tuberculosis, June 3, 1902.

ing the elaboration of some protective substance, by the tissue cells of an infected individual. We know that the destructive action of certain pathogenic bacteria is interfered with or prevented by simultaneous or subsequent inoculation with certain other organisms or their products. Why then should there not be one that will antagonize the action of the tubercle bacillus in the same way?

The work might be begun in some such way as this: Take ten young guinea-pigs and inoculate each with a small quantity of a virulent culture of tuberculosis. After ten days or two weeks inject each animal with one or two cubic centimeters of the filtrate from a bouillon culture of any organism, saprophytic or pathogenic. Should the animals still survive, repeat the injections at weekly intervals for several months, then kill them all and note the relative progress of development of the tubercular lesions in each. There would certainly be some differences, and possibly in a large series some would show a complete arrest of the process. Here would be the clue. Having secured a sufficient number of encouraging results repeat the experiments, using only material from the cultures that had given good results. By varying the constitution of the medium the inhibitory power of the filtrate might be increased, and finally, if the first successes be repeatedly confirmed, the same material might be used cautiously upon human beings in comparatively early stages of the disease.

Very truly yours,

JAMES CARROLL,
Contract Surgeon, U. S. Army.



THE EARL OF MINTO,
Governor General of Canada.



HON. JOHN HAY,
Secretary of State, U. S. A.



EX-JUDGE ABRAM H. DAILY,
Ex-President Medico-Legal Society.

HONORARY PRESIDENTS OF THE AMERICAN CONGRESS ON
TUBERCULOSIS FOR THE ST. LOUIS EXPOSITION OF 1904.

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AMERICAN CONGRESS ON TUBERCULOSIS.

• Office of the Secretary, 290 Broadway.

To the Members and Delegates named by the Governors of States, Medical and other Societies.

The next meeting of the Congress is ordered to be held in 1904, at St. Louis, and the preparation is complete to make it a memorable occasion.

All those who desire to contribute papers will send them to the President, Dr. E. J. Barrick, of Toronto; to Clark Bell, Esq., Chairman of the Executive Committee, No. 39 Broadway, New York; or to the undersigned, their names and addresses and the title of their paper.

Every member or delegate, who was not enrolled in the American Congress of 1902, may receive a copy of the Bulletin of the Congress of 1902 at half-price, (\$1.50) when it appears, by sending \$1.50 to any of the officers of the Congress.

The Honorary Presidents have all accepted on the medical side except one, and except two on the legal side.

The nine members of the Council are scattered over the whole continent, from New York to the Pacific Coast, and thus far all have accepted except two.

There has been but one declination received from any officer elected, that of First Vice-President. This vacancy was filled by the Council. The full list of officers elected will appear in the June number Medico-Legal Journal.

The Standing Committees are now being organized by the Chairmen, and will, when finally completed, be announced in the Medico-Legal Journal.

I have the authority to announce that the Medico-Legal Journal, which will contain full announcements of our work, will be sent for Volume 21, which commences with June number, 1903, to every member and delegate appointed to the

American Congress on Tuberculosis for 1902, who is not already a subscriber, at half-price, if paid in advance, by addressing that Journal and remitting \$1.50, the Journal will be sent.

The same offer is also extended to all new members enrolling in the Congress of 1903, who remit this sum in advance for Volume 21.

The officers elected are herewith announced.

SAMUEL BELL THOMAS,
Secretary.

AMERICAN CONGRESS ON TUBERCULOSIS.

OFFICERS FOR 1903-4.

Elected June 10, 1903.

HONORARY PRESIDENTS:

LAY.

HON. JOHN HAY,
Sec'y of State, Washington.
HON. GEN. RUSSELL M. ALGER,
Ex-Sec'y of War and Senator
from Michigan, Detroit.
HON. EX-JUDGE A. H. DAILEY,
Ex-Pres. Medico-Legal Soc'y,
Brooklyn, N. Y.
HON. JUDGE C. G. GARRISON,
Supreme Court, New Jersey,
Camden, N. J.
HON. THE EARL OF MINTO,
Gov. Gen. Dominion Canada,
Ottawa, Canada.

MEDICAL.

PROF. J. G. ADAMI, M. D.,
McGill University,
Montreal, Quebec.
DR. A. N. BELL,
Editor The Sanitarian, Brook-
lyn, N. Y., Ex-Pres. Am.
Con. on Tuberculosis.
PROF. CHARLES H. HUGHES,
Editor Alienist and Neurolo-
gist, St. Louis, Mo.
GENERAL PRESLEY M. RIXIE,
Surgeon-Gen. U. S. Navy,
Washington, D. C.
GENERAL NICHOLAS SENN,
Surgeon General,
Chicago, Ill.

PRESIDENT—E. J. BARRICK, M. D., Toronto, Ontario.

FIRST VICE PRESIDENT—F. E. DANIEL, M. D., Austin, Texas.

SECOND VICE PRESIDENT—L. BRADFORD PRINCE, Santa Fe, N. M.

THIRD VICE PRESIDENT—DR. CHAS. K. COLE, Helena, Mont.

FOURTH VICE PRESIDENT—DR. SOFUS B. NELSON, Pullman, Wash.

FIFTH VICE PRESIDENT—DR. A. M. LINN, Des Moines, Iowa.

Dr. P. H. Brice was elected First Vice President but declined and Dr. F. E. Daniel, of Austin, Texas, was elected to fill his place.

VICE PRESIDENTS-AT-LARGE:

HENRY B. BAKER, M. D.,
Lansing, Mich.
CHARLES G. HICKS, M. D.,
Dublin, Georgia.
WM. BAYARD, M. D.,
St. John, N. B.
H. EDWIN LEWIS, M. D.,
Burlington, Vt.
A. C. BERNAYS, M. D.,
St. Louis, Mo.
J. MOUNT BLEYER, M. D.,
New York City.
T. M. MCINTOSH, M. D.,
Thomasville, Ga.

KARL VON RUCK, M. D.,
Asheville, N. C.
ALEXANDER MACK M. D.,
Hawkinsville, Ga.
COL. E. CHANCELLOR, M. D.,
St. Louis, Mo.
WM. F. BRUNNER, M. D.,
Savannah, Georgia.
T. D. CROTHERS, M. D.,
Hartford, Conn.
JUDGE ABRAM H. DAILEY,
Brooklyn, N. Y.
HON. MORITZ ELLINGER,
New York City

VICE PRESIDENTS-AT-LARGE—(Continued:)

JUAN A. FORTICH, M. D., Cartagena, Colombia, S. A.	WM. H. MURRAY, M. D., Plainfield, N. J.
R. F. GRAHAM, M. D., Greely, Colorado.	EX-SEN. HENRY D. WINTON, Hackensack, N. J.
A. P. GRINNELL, M. D., Burlington, Vt.	J. A. MCNEVEN, M. D., Gibbonsville, Idaho.
CAPT. H. D. SNYDER, M. D., Governor's Island, N. Y.	A. E. OSBORNE, M. D., Eldridge, Cal.
THOS. BASSETT KEYES, M. D., Chicago, Ill.	J. C. SHRADER, M. D., Iowa City, Iowa.
FRANK P. NORBURY, M. D., Jacksonville, Ill.	J. H. TYNDALE, M. D., Lincoln, Neb.
LUIS H. LABAYLE, M. D., Leon, Nicaragua.	T. L. BARBER, M. D., Charleston, W. Va.
E. P. LACHAPPELLE, M. D., Montreal, Canada.	C. S. WARD, M. D., Warren, Ohio.
LOUIS LEROY, M. D., Nashville, Tenn.	PROF. S. H. WEEKS, M. D., Portland, Maine.
DR. EDOUARD LICEAGA, City of Mexico.	CHERRY L. WILBUR, M. D., Lansing, Mich.
DWIGHT S. MOORE, M. D., Jamestown, N. Dak.	U. O. B. WINGATE, M. D., Milwaukee, Wis.

SECRETARY:

SAMUEL BELL THOMAS, Esq., 290 Broadway, New York.

TREASURER:

CLARK BELL, Esq., 39 Broadway, New York.

COUNCIL.

HON. MORITZ ELLINGER, Chairman, New York.	H. EDWIN LEWIS, M. D., Burlington, Vt.
J. MOUNT BLEYER, M. D., New York City.	M. MARKIEWICZ, M. D., New York City.
W. F. DREWRY, M. D., Petersburg, Va.	RICHARD J. NUNN, M. D., Savannah, Ga.
A. P. GRINNELL, M. D., Burlington, Vt.	J. W. P. SMITHWICK, M. D., La Grange, N. C.
MIHRAN K. KASSABIAN, M. D., Philadelphia, Pa.	

EX-OFFICIO.

PRESIDENT, FIRST VICE-PRESIDENT, SECRETARY AND TREASURER.

STANDING COMMITTEES.

Elected at Session of June 10, 1903.

EXECUTIVE COMMITTEE.

Clark Bell, Esq., Chairman, of New York City.
Dr. A. N. Bell, M. D., of Brooklyn, N. Y.
Hon. Moritz Ellinger, of New York City.
Hon. Judge Abram H. Dalley, of Brooklyn, N. Y.
Dr. J. Mount Bleyer, of New York City.
Samuel Bell Thomas, Esq., of New York City.

COMMITTEE ON THE AUDITING OF BILLS.

Hon. Moritz Ellinger, Chairman, of New York City.

Dr. A. N. Bell, M. D., of Brooklyn, N. Y.

Dr. T. D. Crothers, of Hartford, Connecticut.

Dr. E. J. Barrick, of Toronto, Ontario.

Samuel Bell Thomas, Esq., of New York City.

**COMMITTEE ON ACCEPTANCE, CENSORSHIP AND REVISION
OF CONTRIBUTIONS FOR PUBLICATION, AND
ON PUBLICATION.**

Clark Bell, Esq., Editor of the Medico-Legal Journal, of New York City, Chairman.

Dr. A. N. Bell, Editor of the Sanitarian, of Brooklyn.

Dr. T. D. Crothers, Editor of the Journal of Inebriety, of Hartford,

Hon. Moritz Ellinger, Editor of Menorah Monthly, of New York.

Dr. M. M. Smith, Editor of the Texas Medical News, Austin, Tex.

COMMITTEE ON PREVENTIVE LEGISLATION.

Clark Bell, Esq., Chairman, of New York City.

T. Henry Davis, M. D., State Board of Health, Richmond, Ind.

Hon. J. M. Emmert, M. D., State Senator, Atlantic, Iowa.

Dr. John S. Robinson, of Chicago, Ill.

Dr. E. J. Barrick, of Toronto, Ontario.

**COMMITTEE ON THE PATHOLOGY AND BACTERIOLOGY OF
TUBERCULOSIS.**

Dr. H. Edwin Lewis, Chairman, of Burlington, Vermont.

Dr. W. S. Magill, of Carnegie Laboratory, New York City.

Prof. J. J. Kinyoun, of Glenolden, Pa.

Dr. Louis Le Roy, of Nashville, Tenn.

COMMITTEE ON VETERINARY ASPECTS OF TUBERCULOSIS.

Chairman not yet selected.

Hon. D. E. Salmon, Head of Bureau of Animal Industry, Washington, D. C.

Dr. J. G. Adami, of McGill University, Montreal.

Dr. Sofus B. Nelson, Washington Agriculture Experiment Station, Pullman, Wash.

COMMITTEE ON SANITORIA.

Dr. E. J. Barrick, Chairman, of Toronto, Ontario.

COMMITTEE ON CLIMATOLOGY.

Dr. Karl von Ruck, Chairman, Asheville, N. C.

COMMITTEE ON LIGHT AND ELECTRICITY.

Dr. J. Mount Bleyer, Chairman, of New York City.

Dr. Mihran K. Kassabian, of Philadelphia, Pa.

Prof. Nells R. Finsen, Copenhagen, Denmark.

COMMITTEE ON THE SURGERY OF TUBERCULOSIS.

Dr. A. C. Bernays, Chairman, of St. Louis, Mo.

Dr. W. W. Johnson, of Hartford, Conn.

COMMITTEE ON RESOLUTIONS.

Ordered to be named by the Council before the annual meeting of 1904.

COMMITTEE ON WAYS AND MEANS.

Ordered to be named by the Council before the annual meeting of 1904.

COMMITTEE ON THE PRESS.

Ordered to be named by the Council before the annual meeting of 1904.

It was, on motion, Resolved, That the Chairmen of the several standing committees have the power of adding names to their several committees, on obtaining written consents of acceptance and notification to the Secretary.

NOTE.—The Standing Committees are incomplete and will be announced later.

HONORARY VICE-PRESIDENTS.

From the States, Territories and dependencies of the American Union.

Alaska—Hon. John G. Brady, Governor, Sitka.
Arizona—Hon. N. O. Murphy, Governor of the Territory.
Georgia—Hon. Governor L. E. Bleckley, ex-Chief Justice, Atlanta.
 Hon. Allen D. Candler, Governor, Atlanta.
Idaho—Hon. Frank W. Hunt, Governor, Boise City.
Illinois—Hon. Richard Yates, Governor, Springfield.
Iowa—Hon. Albert B. Cummins, Governor.
Kansas—Hon. W. E. Stanley, Governor, Topeka.
Kentucky—Hon. J. C. W. Beckham, Governor, Frankfort.
Maine—Hon. John F. Hill, Governor, Augusta.
Michigan—Hon. Aaron T. Bliss, Governor, Lansing.
Minnesota—Hon. S. R. Van Sant, Governor, St. Paul.
Mississippi—Hon. A. H. Longino, Governor, Jackson.
Missouri—Hon. Alex. M. Dockery, Governor, Jefferson City.
Montana—Hon. John K. Tooley, Governor, Helena.
Nebraska—Hon. E. T. Savage, Governor, Lincoln.
New Hampshire—Hon. C. B. Jordan, Governor, Ludlow.
New Jersey—Hon. Franklin Murphy, Governor, Trenton.
New Mexico—Hon. Miguel A. Otero, Governor, Santa Fe.
North Carolina—Hon. Charles B. Aycock, Governor, Raleigh.
Pennsylvania—Hon. Wm. A. Stone, Governor, Harrisburg.
South Carolina—Hon. M. B. McSweeney, Governor, Columbia.
South Dakota—Hon. Charles N. Herried, Governor, Pierre.
Tennessee—Hon. Benton McMillin, Governor, Nashville.
Texas—Hon. Joseph B. Sayres, Governor, Austin.
Utah—Hon. Heber M. Wells, Governor.
Vermont—Hon. William W. Stickney, Governor, Montpelier.
Virginia—Hon. A. J. Montague, Governor, Richmond.
Washington, D. C.—Hon. David J. Brewer, U. S. Supreme Court.
 D. E. Salmon, Chief of Bureau of Animal Industry,
 Department of Agriculture, Washington, D. C.
West Virginia—Hon. A. B. White, Governor, Charleston.
Wyoming—Hon. Deforest Richards, Governor, Cheyenne.
Cuba—Hon. Leonard Wood, M. D., Military Governor, Havana.

HONORARY VICE-PRESIDENTS.

From the Dominion of Canada.

Hon. A. G. Blair, Minister of Railways and Canals, Ottawa.
 Hon. William S. Fielding, Minister of Finance, Ottawa.
 Dr. F. Montizambert, Director of the Public Health, Ottawa, Canada.
 W. C. Edwards M. P., President Canadian Association for the Prevention of Tuberculosis, Ottawa.
 Hon. J. R. Stratton, Toronto.

From the Provinces of the Dominion of Canada.

British Columbia, Hon. Henry G. Joly de Lotbiniere, Lieut. Governor, Victoria.

New Brunswick—Hon. J. Bunting Snowball, Lt Governor, St. John, N. B.

New Foundland—Hon. Sir Cavendish Boyle, Colonial Governor, K. C. M. G., St. Johns.

North West Territories, Hon. A. Forget, Lieut. Governor, Regina.

Nova Scotia, Hon. A. G. Jones, Lieut. Governor, Halifax.

From Mexico.

Hon. Theodoro A. Dehesa, Governor of Vera Cruz, Jalapa, Mexico.

Dr. Daniel Vergesa Lope, Mexico.

From Central and South America.

Argentine Republic—Dr. Emilio, H Coni, Calle Lavalle 859, Buenos Aires.

Brazil—Hon. J. de Assis, Brazilian Minister, Washington, D. C.

Prof. Dr. Nina Rodergies, Bahai.

Costa Rica—Juan J. Ulloa, Consul General, 66 Beaver St., N. Y. City.

Peru—Dr. Manuel Alonzo Calderon, Peruvian Minister; Dr. E. Campodonico, Espaderos 235, Lima.

Republic of San Domingo—Hon. Juan Isidro Jimines, President, Santo Domingo.

Uruguay—Dr. Louis Alberto Herrera, Charge-de-affairs at Washington, D. C.

From Europe.

By reason of the contributions made and forwarded by eminent men from Europe, the following were re-elected Honorary Vice Presidents of the Congress:

Austria—Prof. Dr. Moritz Benedikt, of Vienna.

Denmark—Prof. Dr. Niles R. Finsen, of Copenhagen.

Silesia—Prof. Dr. Herman Kornfeldt, of Gleiwitz.

Dr Wm. Livet, of Paris, France, was elected Vice President from France; he having enrolled as a member of the Congress and contributed a valuable paper.

VICE-PRESIDENTS.

From the States of the American Union.

Alabama—W. H. Blake, M. D., Sheffield; Dr. R. M. Cunningham Ensley; John C. LeGrande, M. D.

Alaska—Dr. A. Eugene Austin, 17 East 66th Street, New York City; Hon. Governor C. D. Rogers, Juneau; Dr. Park Winter Stewart, Nome City.

Arkansas—Judge J. W. House, Little Rock; Dr. H. C. Dunavant, Little Rock.

Arizona—Dr. John R. Walls, Prescott; John C. Herndon, Esq., Attorney-at-Law, Prescott; Dr. Jones Tempe, Prescott.

California—Alfred E. Regensburger, 14 Grant Avenue, San Francisco; Hon. A. Reuf, San Francisco; Dr. P. C. Remondino, San Diego.

Colorado—Dr. Charles C. Rice, Pueblo.

Connecticut—Dr. C. S. Lindsley, E. Beecher, Hooker, M. D., Prof. W. H. Brewer, all of New Haven; Hon. James P. Bree, State Senator.

Delaware—Dr. W. S. Hancken, Farnhurst.

Florida—J Harris Pierpont, M. D., Pensacola; Dr. J. Dewitt Webb; R. D. Murphy, Key West.

Georgia—Hon. T. B. Fetter; Dr. H. McHatton, Macon; Dr. Arthur A. Van Dyke, Atlanta; Charles Hicks, Dublin, Ga.

Hawaii—W. O. Smith and C. B. Cooper, M. D., of Honolulu; B. D. Bond, Esq., Kohala.

Idaho—Dr. J. B. Morris, Lewiston; Dr. William F. Smith, Mountain Home; Mr. Charles L. Joy, Boise City.

- Illinois*—Dr. J. B. Walker, Effingham, Ill.; Dr. J. B. Maxwell, Mt. Carmel, Ill.; S. C. Fairbrother, East St. Louis.
- Indiana*—J. N. Hurty, M. D., Indianapolis; Dr. George T. McCoy, Columbus; Flavius J. Van Vort, Esq., Indianapolis; T. Henry Davis, Richmond.
- Iowa*—J. J. Gibson, M. D., State Veterinary Surgeon, Denison; Hon. J. M. Emmert, M. D., State Senator, Atlantic.
- Kentucky*—Prof. Frank C. Wilson, M. D., Louisville.
- Louisiana*—Dr. Felix Fermente, 135 Esplanade Ave., Prof. Dr. J. B. Elliott, Morris Building, Dr. P. G. Archinard, all of New Orleans.
- Maine*—Dr. A. G. Young, Augusta; Dr. Alonzo Garcelon, Lewiston.
- Maryland*—Dr. Hampson Jones, Dr. William H. Welch, President Board of Health, Baltimore; William Lee Howard, M. D., Baltimore.
- Massachusetts*—Dr. Henry O. Marcy, Boston; Dr. J. H. McCullom, South Division Boston City Hospital, of Boston.
- Michigan*—Hon. Henry A. Heigh, Detroit; John H. Kellogg, M. D., Battle Creek; Clarence A. Lightner, Esq., Detroit.
- Minnesota*—Dr. H. M. Bracken, Secretary State Board of Health, St. Paul. Dr. H. Longstreet, Taylor, St. Paul.
- Missouri*—Dr. C. Bark, Dr. Leonidas H. Laidley, both of St. Louis. J. Wood Fassett, M. D., St. Joseph, Mo.
- Montana*—John C. Clayberg, Esq., Helena; John A. Donovan, M. D., Butte; Donald Campbell, M. D., Butte; Thos. J. Murray, M. D., Butte.
- Nebraska*—Dr. Wm. O. Bridges, 302 Bee Building, Omaha; Dr. Emmett Giffen, Richards Block, Lincoln; Elmer J. Burkett, Esq., Lincoln.
- New Hampshire*—Dr. G. P. Conn, Concord; Hon. J. W. Fellows, Manchester.
- New Jersey*—Fred. L. Hoffman, Esq., Newark; Ex-Senator H. D. Winston, Hackensack.
- New Mexico*—Dr. Francis Crosson, Albuquerque; Dr. C. G. Duncan, Socano. Surgeon E. N. Carrington, M. H. S., Fort Stanton, New Mexico, delegate from the Marine Hospital Service, U. S. Government.
- New York*—Clark Bell, Esq., LL. D., New York City; Dr. Ernst J. Lederle, Ph. D., President of the Board of Health of the City of New York; Dr. John Vanderpoel, 36 West 39th Street, New York City.
- North Carolina*—Dr. Karl Von Ruck, Asheville; Dr. J. L. Nicholson, Richland, N. C.; Dr. William L. Dunn, Asheville.
- North Dakota*—Dr. Dwight Shumway Moore, Jamestown.
- Ohio*—Hon. Joseph Outhwaite, President Ohio Society for the Prevention of Tuberculosis, Columbus.
- Pennsylvania*—Dr. J. W. C. O'Neal, Gettysburg; Dr. M. K. Kassabian, Philadelphia.
- Rhode Island*—Charles V. Chapin, M. D., Providence. Dr. George F. Keesey, Howard.
- South Carolina*—George R. Dean, M. D., Spartanburg.
- Tennessee*—Dr. J. D. Plunkett, Nashville.
- Texas*—M. M. Smith, M. D., Judge Yancy Lewis, both of Austin; Dr. Dr. J. P. Sessions, Rockdale.
- Utah*—Dr. Martha Hughes Cannon, Salt Lake City; Dr. H. A. Anderson, Salt Lake City; Dr. Geo. W. Baker, Ogden; Col. Willard Young, Salt Lake City.
- Vermont*—Dr. C. S. Caverly, Rutland; Hon. Fletcher Proctor, Proctor.
- Virginia*—George Ben Johnson, M. D., Richmond; Dr. W. F. Drewry, Petersburg; Dr. Paulus A. Irving, Richmond.

Washington, D. C.—Surgeon Preston H. Bailhache, U. S. M. H., delegate from the U. S. Government; Surgeon W. C. Brasted, U. S. Navy, delegate from the U. S. Government; Captain Henry D. Snyder, M. D., U. S. Army, delegate from the U. S. Government to the Congress, Washington, D. C.

Washington—Sofus B. Nelson, Veterinarian, Washington Agricultural Experiment Station, Pullman; Hon. I. M. Byrne, Mayor of Spokane; Dr. Parke Winke, Seattle.

West Virginia—Wm. W. Golden, Elkins, Secretary Medical Society of the State of West Virginia; T. L. Barber, M. D., Charleston; I. N. Houston, M. D., Mountsville.

Wisconsin—Hon. Alvin C. Brager, Milwaukee; Dr. G. A. Richie, 788 College Avenue, Appleton; Dr. Moses J. White, Milwaukee; Dr. U. O. B. Wingate, Milwaukee.

Wyoming—John W. Lacey, Esq., Cheyenne; Dr. R. Harvey Reed, Rock Spring; Dr. G. G. Verbryck, Cambria.

Cuba—Dr. F. F. Falco, Editor *Cultura Latina*, Havana; Dr. Fernando de Ibarra.

Porto Rico—William Fassett Smith, M. D., Secretary Superior of Board of Health, San Juan; Dr. P. J. Salicrup, Ponce.

From the Canadian Provinces.

British Columbia—C. J. Fagan, M. D., Secretary Provincial Board of Health, Victoria.

New Brunswick—Charles J. Coster, M. D., St. John; Dr. Peter Robinson Inches, St. John.

Ontario—Peter H. Bryce, Secretary State Board of Health, Toronto; Dr. Wm. Oldright, delegate from the Government of Ontario, Toronto.

Prince Edward Island—Dr. Robert McNeill, Charlottetown.

Quebec—Dr. E. P. Benoit, Dr. J. B. McConnell, all of Montreal.

From Central and South America.

Argentine Republic—Dr. Samuel Gache, 129 Calle Corrientes, Buenos Aires; Dr. Francisco de Veyga, Calle Lavalle 859, Buenos Aires; Dr. Ernesto Quesada, Buenos Aires.

Bolivia—Signor Ignacio Calderon, La Paz; Hon. R. D. Barber, U. S. Legation, La Paz.

Brazil—Dr. Joas Mattheas, Professor of Hygiene, Bahia; Dr. Pedro E. de Cerqueira, Lima, Bahia; Dr. Joaquin Pires Muniz de Carvalho, Advocate, Bahia.

Guatemala—Senor Rafael Montufar, City of Guatemala.

Hayti—Gen. J. A. Bordes, Jeremie; Dr. Borno, Port-au-Prince, Dr. John B. Terres, Port-au-Prince.

Mexico - State of Xalapa—Dr. Enrigne Herrera, Xalapa.

Dr. Lewis Espanosa, "

Dr. Sebastian Canovas, "

Feru—Dr. Manuel Barrios, M. D., Bahia; Don Pedro Gallagher, President Public Beneficent Society, Lima.

San Domingo—Alexander Wos y Gil, ex-Charge d'Affairs, Santo Domingo; Dr. Lyon, Santo Domingo; Dr. Henriques y Carvagal, Santo Domingo.

From Central and South American Governments.

Guatemala—Dr. Joaquin Yela, Consul General at New York.

Costa Rica—Juan J. Ulloa, Consul General at New York.

Uruguay—Dr. Louis A. Herrera, Legation of Uruguay, Washington, D. C.

Hayti—Louis J. Nicholas, Consul General at New York City.

Mexico—Dr. D. V. Lope, Mexico.

DR. E. J. BARRICK,
M. R. C. S., ENGLAND ; L. R. C. P. AND S., LONDON
AND EDINBURG,
PRESIDENT AMERICAN CONGRESS ON TUBERCULOSIS.

The newly elected president of the American Congress on Tuberculosis, who succeeds Dr. Daniel Lewis in that position, is one of the most prominent physicians of Canada.

He has occupied a conspicuous position in the conflict with tuberculosis in the Dominion, and especially in the Province of Ontario, where he resides at Toronto. Dr. Barrick was a vice president of the American Congress on Tuberculosis of 1901, and was elected one of its vice presidents at large that year.

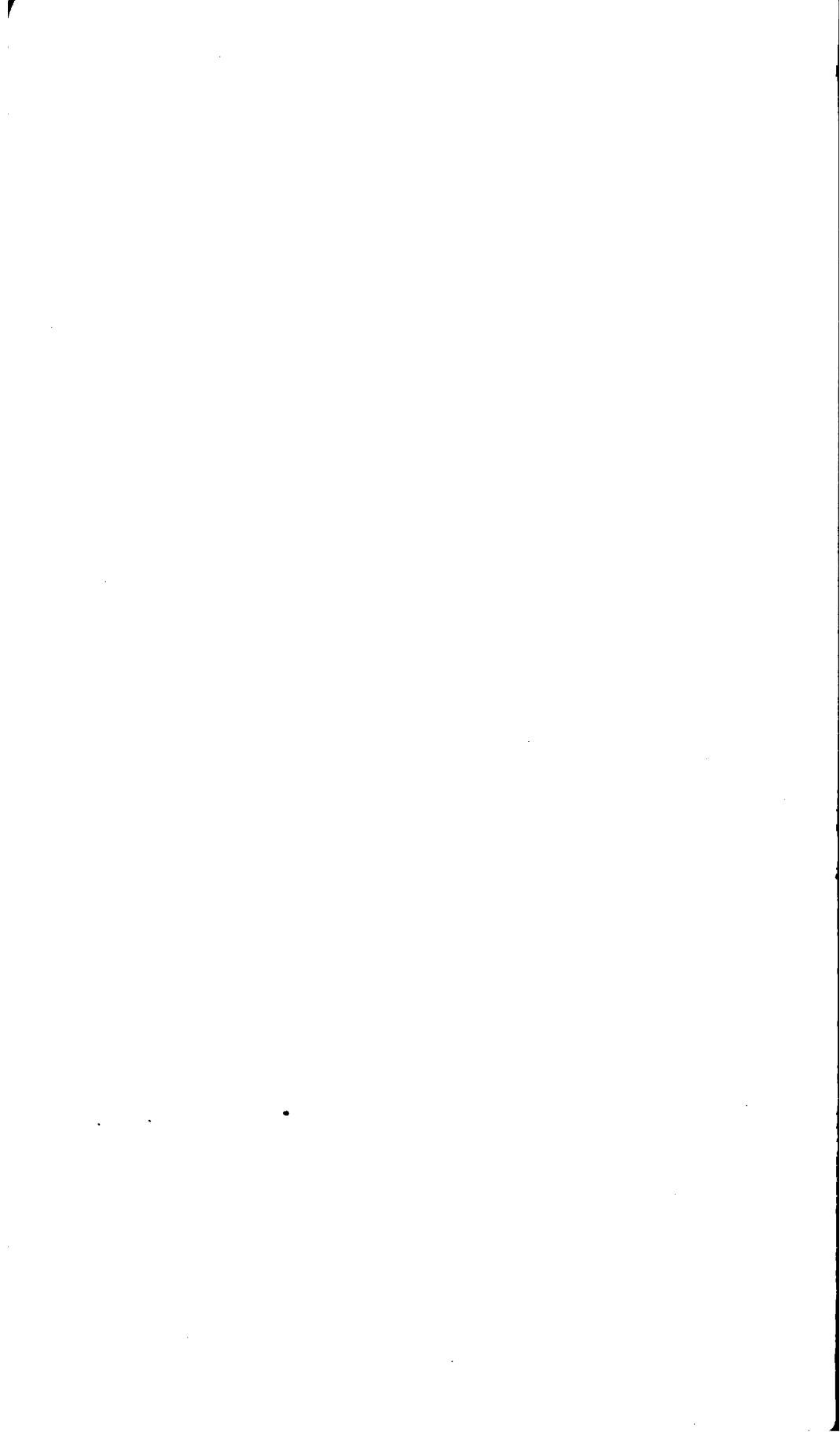
He contributed a paper to that Congress on "The Practical Solution of the Question of Dealing With the Consumptive Poor," in which he dealt with the work done in the Province of Ontario, in the work of the "Anti-Consumption League and "The Canadian Association for the Prevention of Tuberculosis," with both of which bodies Dr. Barrick was prominently identified.

In the Congress of the succeeding year, 1902, Dr. E. J. Barrick was also a vice president, and was assigned to open the discussion of the department of "Sanatoria and Climatic Conditions."

He was elected third vice president at the annual election of the American Congress on Tuberculosis of 1902, and has been devoted to its interests and deeply interested in its work, and was the only member of the board of executive officers who had taken any part in the early work of that organization, or had been at all identified with its work or past labors except the secretary.



E. J. BARRICK, M. D.; M. R. C. S., England;
L. R. C. P. and S., London and Edinburg;
President American Congress on Tuberculosis,
of Toronto, Ontario.



It is well known that Dr. Barrick was not in sympathy with the revolutionary schemes of the late secretary and his sympathizers.

His election was wholly unsolicited on his part, but he was the unanimous choice of the Congress.

The delegates and members were represented to a very large degree by proxies at the annual meeting, but more than a majority of the members were thus represented.

Dr. Barrick accepts the position, and will throw the weight of his personal influence into the work. He is a man of great energy and executive ability, and will be a live and active president. He also accepts the chairmanship of the standing committee on "Sanatoria," and will organize that committee shortly, as announced. It is to this branch or department that Dr. Barrick has given especial attention.

We give a copy of his letter of acceptance:

My Dear Dr. Bell:—I am in receipt of your kind letter of yesterday informing me of my election to the distinguished position of President of the American Congress on Tuberculosis.

I appreciate the honor very much, especially as it came unsought for, and as you say was the unanimous wish of those present.

I thank you personally very much for your uniform consideration and kindness toward me since we first commenced our correspondence in this great humanitarian work. The country owes a debt of gratitude to you for the great work you have done, and are still doing.

I keenly feel the great responsibility of the position, and no one is more alive to the fact of how unequal I am to the task than myself.

However, now as I am in the harness, I shall endeavor to do my best, and with the sympathy, help and guidance of those who are responsible for my position,, shall try to make the Congress of 1904 a red letter day in the history of an organization whose foundation you have so well laid.

With the exception of my election, no mistake has been made in the organization that is now launched under favorable auspices, the barnacles having been shaken off.

We must at once commence to lay the plans for the great meeting of 1904.

I shall send the names to be added to the Standing Committee on Sanatoria at an early day.

It was a great relief to me when I received Dr. Brown's notice that his so-called Congress would not meet until 1905. This left the way clear for the American Congress on Tuberculosis to carry out the intention of the meeting last year of a meeting in St. Louis during the World's Fair.

As you say, it looks like a complete surrender of the Brown revolutionary movement. Please keep me posted as to the doings of the Council. Would it be well to early decide upon the date of the meeting and make arrangements with some hotel for accommodation? We will, I presume, be relieved from the necessity of making any arrangements with the railways for return tickets, as that will be done by the authorities of the Fair. Through Professor Charles H. Hughes, Honorary President, at St. Louis, we ought to have formed a strong local committee. I am glad that Dr. H. Edwin Lewis, of Burlington, Vermont, is on the Council.

As you say in your letter, let us start the ball rolling. After the great success attained last year, surely under the present favorable conditions, we should have a record breaker of a Congress in 1904.

Thanking you again for your kindness, and congratulating you on your triumph,

Yours truly,

E. J. BARRICK.

The Hon. John Hay accepts the election of honorary president of the American Congress on Tuberculosis. His letter of acceptance is as follows:

DEPARTMENT OF STATE,
WASHINGTON.

June 13, 1903.

Dear Sir:—I have the honor to acknowledge receipt of your letter of the 12th of June, informing me that I have been elected an Honorary President of the Congress on Tuberculosis.

I am, with many thanks,

Yours faithfully,

JOHN HAY.

Hon. Samuel Bell Thomas, Sec'y, 290 Broadway, New York.

The Earl of Minto, Governor General of the Dominion of Canada, accepts the position of Honorary President. His reply is as follows:

GOVERNMENT HOUSE,
OTTAWA.

June 15, 1903.

Sir:—I am desired by the Governor General to acknowledge the receipt of your letter of the 12th instant, informing him that he has been elected an Honorary President of the American Tuberculosis Congress.

May I ask you to kindly thank your governing council for the honour they have done His Excellency, and inform them that he has much pleasure in becoming an Honorary President. I am, sir,

Your obedient servant,

I. S. MAUDE, Major.
Gov. General's Secretary.

Samuel Bell Thomas, Esq.,
290 Broadway, New York.

The following acceptance from Dr. Hughes was received:

S. B. Thomas, Esq.,
Sec'y American Congress on Tuberculosis,
290 Broadway, New York.

ALIENIST AND NEUROLOGIST,
3857 Olive Street.

St. Louis, June 15, 1903.

Samuel Bell Thomas, Esq.,
290 Broadway, New York.

Dear Sir:—I take pleasure in accepting the honor you confer. The cause is a good one. It is the cause of humanity, the cause of charity, of man's true humanity to man, to eradicate this great white plague, this scourge of civilization, from the face of the earth.

I am glad to see that the medical profession has at last so made its influence felt in this direction, as to enlist the highest and best of the land, in killing off this scourge of the lowly, the fresh air and pure food impoverished, and the sedentarily over-brain and over-nerve strained and worried and wearied among the people.

The fatally congenial soil of this tubercle bacillus is a sanitarily vitiated and vicious civilization, and its consequences on the human organism, weakening or destroying organic resistance. But sufficient intelligence yet abides in the mind of our age, with the light the medical profession has thrown upon its deadly nature and manner of killing the race, to arrest its devastating march and save humanity from a higher destiny than to die of this destructive microbe, before the great work of modern civilization is accomplished.

When the great and wise and powerful in mental resource and monetary means, shall stand and fight with the weapons of scientific suggestion, between the people and the world's moral and physical pestilence, these plagues in the way of humanity's progress will be stayed.

Very truly yours,

C. H. HUGHES.

Dr. A. N. Bell, the editor of "The Sanitarian," who was elected one of the honorary presidents, accepts the position. We enclose his letter of acceptance:

Smithville, L. I., June 15, 1903.

My Dear Mr. Bell:—Both of your notices, June 12 and 13, with enclosures received this morning. Understanding as I now do, from the deliberation and action of the Executive Committee and Council of the American Congress on Tuberculosis, as originally constituted and organized, I cordially approve of the action taken at its meeting, June 10th inst., and accept the honor it has conferred on me by electing me one of its honorary presidents. Be assured, it will be my endeavor, as heretofore, to do all I can for the promotion of its purposes on the lines by which it has already become distinguished as the pioneer American organization for the prevention of tuberculosis.

Truly yours,

A. N. BELL.

Clark Bell, Esq., 39 Broadway, New York.

Judge Abram H. Dailey, ex-President of the Medico-Legal Society, and who has been an active worker in the organization of the American Congress on Tuberculosis, one of its Vice-Presidents since 1900, and a member of its Executive Committee, accepts the position of Honorary President. His letter is as follows:

Brooklyn, July 2, 1903.

Clark Bell, Esq., Chairman Ex. Com.,
American Congress on Tuberculosis.

Dear Sir:—I have received your letter announcing my election as an Honorary President of this Congress, and, in accepting, I take this occasion to express my thanks for the unlooked-for honor thus conferred.

Having been a member since the organization of this body, composed of distinguished men of two great professions, and having been one of its Vice-Presidents and a Director, I am familiar with its work and objects. The fact that it aims to reach the cause of, and root out the most fatal and dreadful scourge with which humanity is afflicted, should rouse into active co-operation every rational man and woman the world over. As communities are now constituted, unless the medical and legal professions co-operate actively, wisely and sincerely, there will surely be failure of great beneficial results. The reasons are too apparent to require a fuller statement now.

I congratulate you, Mr. Secretary and Chairman of the Executive Committee, and the body itself, that you have brought to it the needed qualities to insure success, in so far as your efforts will go, which can only come from peculiar adaptation and long experience. I am also rejoiced at the election of so wise and able a medical man for President, and, in fact, the whole board of active members gives me great hope for grand results at our next Congress in St. Louis.

Faithfully yours,

A. H. DAILEY.

Dr. and Surgeon General Senn, of Chicago, accepted the Honorary Presidency of the American Congress on Tuberculosis, to which he was elected. His letter of acceptance is as follows:

SURGEON GENERAL'S OFFICE,
ILLINOIS NATIONAL GUARD.

532 Dearborn Av., Chicago, Ill.

Dear Mr. Bell:—I am pleased to accept the position of Honorary President of the American Congress on Tuberculosis, and will do all in my power to make the next meeting a memorable one.

Very sincerely yours,

N. SENN.

VICE-PRESIDENTS.

Ex-Chief Justice L. Bradford Prince, of the Territorial Immigration Commission, sends the following letter of acceptance as Second Vice-President:

Santa Fe, June 24, 1903.

Samuel Bell Thomas, Esq., Sec'y,
American Congress on Tuberculosis.

Dear Sir:—Absence from town has delayed acknowledgement of your favor of June 12, 'till now.

I certainly appreciate the election of which you send me notice, and accept with pleasure.

Yours,

L. BRADFORD PRINCE.

Dr. P. M. Bryce, of Toronto, Ontario, who was elected First Vice-President, has declined the position.

Dr. F. E. Daniel, editor of the Texas Medical Journal, elected First Vice-President, has sent the following letter of acceptance:

Austin, Texas, July 20, 1903.

Samuel Bell Thomas, Secretary American Congress on Tuberculosis,
290 Broadway, New York.

Sir:—I have the honor to acknowledge the receipt of your letter of July 12th inst., notifying me of my election by the Council, to the First Vice Presidency of the American Congress on Tuberculosis, to be held in St. Louis in 1904. In tendering, through you to the Council, my acknowledgements of the courtesy and honor thus done me, and signifying my acceptance of the responsible trust, permit me to say that I expect and intend to take an active interest in the work. No more important subject could engage the attention and receive the earnest efforts of the two "learned professions" than sanitation;—preventive measures against the most deadly of all the diseases that afflict mankind. Consumption is a "preventable disease;" it is easily preventable, but the people must be taught how to prevent it in their own families, and the authorities must have the aid of the law to enable them to institute measures of prevention for the public safety. I, therefore, favor the co-operation of the legal with the medical professions—in a congress as now organized, rather than one composed solely of medical men, however learned; for, the physicians of the country can only advise,—they have no power to execute,—and too often, as we have seen in Texas, repeatedly, the advice is unheeded. We need the influence of Governors of States, law-makers, statesmen, to enable us to secure such legislation as is necessary to the enforcement of the sanitary ordinances advised by the medical men of the several States. That the intelligent and zealous and persistent enforcement of sanitary measures, the application of sanitary science, will, in time, eradicate, and very soon, greatly diminish the evil, we are warranted in hoping and saying, by the success that has attended such measures in Cuba, where yellow fever, endemic for two centuries, has been

eradicated; and in the Philippines, where under the sanitary administration of the United States Army, the bubonic plague has been suppressed, rendered powerless for evil. The cause being known, was vigorously attacked and removed. So with the "great white plague." We know the cause, and the mode of propagation of the disease. The cause must be destroyed, and communication from the sick to the well must be prevented. This can be done, but it requires the authority of the law, and we must have it; we must interest others than physicians; we must cultivate an enlightened public sentiment, so that the people, (the power in all democratic governments) may know the necessity of demanding, and must demand of the legislatures, laws that will protect them from this, as from all other diseases. They must know the danger of infection in sleeping cars and hotels, and must insist that such rooms and cars shall be free from the danger before they will occupy them. I am glad to be able to say that Texas has the honor to be the first State to enact laws of this kind for the protection of the public. An important part of the work of the Congress in the interval between now and the sitting in 1904, will be the distribution of literature bearing on the subject, for the enlightenment of the people. The proposed meeting in St. Louis during the great Centennial is sensible, timely; it should not be postponed. The last U. S. Census reports 109,000 deaths from consumption in the United States in 1900, in the registration districts alone. It is safe to say that 150,000 die of consumption in the United States every year, for, the "registration area" embraces only States and cities that have reliable mortuary records and that make reports to the Census Bureau,—and only about one-third of the entire population is represented in the registration area; the non-registration districts represent, for the most part, the rural population. Says Prof. W. S. Carter, University of Texas, (see transactions Texas State Medical Association, 1902, pp. 366-7): "Taking the mortality rate, (190.5 per 100,000 in this area, and applying it to the entire population, it is found that there were 145,000 deaths from tuberculosis in this country in 1900, as compared with 154,000 in 1890. We can get a better idea," says Prof. Carter, "of the significance of these figures by comparing them with other great losses of life. It is estimated that the total number of lives lost on both sides during the great Civil War, 1861-1865, amounted to three-quarters of a million. It will be seen that the number of deaths from tuberculosis in this country between the last two census reports (1890-1900) was twice as great as the total number of deaths from all causes on both sides during the war between the States."

Comment is unnecessary. The figures are simply appalling. And yet tuberculosis is a preventable disease, not contagious, but communicable from the sick to the well. It is an uncomplimentary commentary upon our boasted civilization and enlightenment, that in most States little or nothing is done to diminish this fearful and unnecessary destruction of life, but nearly all efforts at sanitation are directed to the prevention of yellow fever, the mortality of which, as compared with consumption, is as one to one hundred and fifty. That is: for the last century the average deaths from yellow fever in America, yearly, has been 1,000. One hundred and fifty times as many die of consumption every year. The government owes no higher duty to its people than to protect them from this terrible danger. The power of the law must be invoked to do it, as it is in all other dan-

gers to the public. There is no time to lose. Every day lost means the death of over four hundred people in America from a disease that can and must be prevented.

I think the Congress should be called: "The American Medico-Legal Congress on Tuberculosis," as more expressive of its real character, and to distinguish it from the Congress that proposes to include only medical men and meet in 1905.

Very respectfully yours,

F. E. DANIEL, M. D.

Dr. A. M. Linn, of the Iowa State Board of Health, of Des Moines, Iowa, accepts the position of Fifth Vice-President. His letter is as follows:

Mr. Clark Bell, Esq.

My Dear Sir:—I am just in receipt of yours and hasten to reply. You are certainly to be commended for the zeal you manifest in your work for the success of the American Congress on Tuberculosis. Certainly there is before the Congress a great work to be done for our afflicted race. Whatever I can do to contribute to that desirable end I will do willingly.

Most cordially yours,

A. M. LINN.

There has not been time for the reply of the acceptances of the Third, Fourth and Fifth Vice-Presidents, before we go to press.

The Secretary and the Treasurer have accepted the offices to which they were elected.

Samul Bell Thomas, Esq., Secretary, 290 Broadway, N. Y.

Clark Bell, Esq., Treasurer, 39 Broadway, New York.

VICE-PRESIDENTS.

First Vice President.—F. E. Daniel, M. D., Austin, Tex.

Second Vice-President.—Ex-Chief Justice L. Bradford Prince, Santa Fe, N. M.

Third Vice-President.—Dr. Charles K. Cole, Helena, Mon.

Fourth Vice-President.—Dr. Sofus B. Nelson, State Board of Health, Pullman, Wash.

Fifth Vice-President.—Dr. A. M. Linn, ex-President State Board of Health, Des Moines, Iowa.

COUNCIL.

The following members of the Council, duly elected, have accepted their office, and no replies have been received from the others as we go to press:

Moritz Ellinger, Esq., of New York.

Dr. J. Mount Bleyer, of New York.

Dr. Mihran K. Kassabian, of Philadelphia, Pa.

Dr. S. P. W. Smithwick, of La Grange, N. C.

Dr. Marcus Markiewicz, of New York.

Dr. A. P. Grinnell, of Burlington, Vermont.

Dr. Richard J. Nunn, of Savannah, Ga.

The Council will meet shortly to fill any vacancies by declination, resignation or otherwise.

No replies from the other two members elected have been received as we go to press.

STANDING COMMITTEES.

The following have accepted the position of Chairmen of standing committees:

Clark Bell, Esq., Chairman of Executive Committee.

Moritz Ellinger, Esq., Committee on Audit of Bills and Accounts.

Clark Bell, Esq., Committee on Publication and of Censorship of Papers.

Dr. E. J. Barrick, of Toronto, on Sanitoria.

Clark Bell, Esq., Committee on Preventive Legislation.

Dr. A. C. Bernays, of St. Louis, on the Surgery of Tuberculosis.

Dr. J. Mount Bleyer, of New York, on Light and Electricity.

The full committees when selected and completed will be announced.

Each chairman of a standing committee has the right to

select the members of his committee in addition to those selected by the Congress at the annual meeting.

The following honorary members have accepted and sent their photographs for reproduction: Surgeon General of Illinois, Dr. Nicholas Senn; Surgeon General Presley M. Rixie, of Washington, U. S. Navy.

ACCEPTANCES BY MEMBERS OF THE COUNCIL
OF THE AMERICAN CONGRESS ON
TUBERCULOSIS.

The following letters of acceptance have been received from members of the Council elected at the annual meeting of June 10, 1903:

164 East 79th Street,
New York, June 23, 1903.

Clark Bell, Esq., Chairman Executive Committee.

Dear Sir:—Permit me to inform you of my acceptance of the position of Chairman of the Council of the American Congress on Tuberculosis, to which I have been re-elected. The world is more alive than ever to the need of fighting this scourge of humanity. Of course, the great work done and being done by the medical faculty must always be appreciated, but without the active share of the legal members of the society, it will be impossible to eradicate the evil. Of many propositions has the world learned, which are calculated to stamp out the evils by means of chemical compositions or drugs of various kinds, but none of these as yet proposed, have stood the test of experimentation. The only safe way to uproot the disease is acknowledged to be pure air and good nursing. These are beyond the reach of the ordinary victim of tuberculosis, and can only be provided by society, through its State or municipal authorities. To accomplish this requires the aid of the law-making power. It is a pity that an attempt was made to break up—whether jealousy was the motive or some lower impulse, I care not,—the original Congress and organization built up by so much pain, labor and trouble. But it matters not; there are the old workers and stand-bys left, and if efforts win success we will have a grand congress of representative men attend the Congress in 1904, and I am glad to have the opportunity to contribute my mite toward the realization of the high merit we had in men, of summoning and uniting the world in fighting against one of its most persistent defamers and stealthy enemies which the race had to encounter.

With great regards,

Yours respectfully,

MORITZ ELLINGER.

Dr. Richard J. Nunn, of Savannah, Ga., writes as follows:

Savannah, Ga., June 22, 1903.

Clark Bell, Esq., 39 Broadway, New York.

My Dear Mr. Bell:—I have just returned home from a little trip for change of air. * * * Of course I will accept the position of member of the Council of the American Congress on Tuberculosis, and if you will send me a blank proxy in the proper form I will return it signed.

Very sincerely yours,

R. J. NUNN.

Dr. J. Mount Bleyer, Dr. M. Marcovicz, Samuel Bell Thomas, Esq., and Clark Bell, Esq., accepted and took their seats in the Council meeting on June 10th, and Dr. A. P. Grinnell, who was a member of the Council, has written accepting, and regretting his inability to be in attendance in person owing to the illness in his family. Dr. M. K. Kassabian, of Philadelphia, has accepted his position, and writes that he will aid the Congress by every means in his power.

Philadelphia, June 15, 1903.

Mr. Samuel Bell Thomas, Esq., Sec'y,
American Congress on Tuberculosis.

My Dear Sir:—Please accept my thanks and appreciation for the honor that has been bestowed upon me by being elected a member of the Council of the American Congress on Tuberculosis; therefore, it gives me pleasure to co-operate with that honorable body for the success of that organization. I remain,

Yours fraternally,

MIHRAN K. KASSABIAN.

Philadelphia, June 30, 1903.

Dear Sir:—I hope my letter is not too late for your purpose.

Lately I have been elected as a "Director of Rontgen Ray Laboratory" of Philadelphia Hospital. This position will afford me great facilities to examine tubercular lung cases by means of Rontgen Rays for the early diagnosis and the different stages of the pulmonary tuberculosis. Hoping to hear from you, I remain

Yours truly,

M. K. KASSABIAN.

Dr. A. P. Grinnell, of Burlington, Vermont, is Vice-President of the Medico-Legal Society. His letter of acceptance is as follows:

Burlington, Vt., July 13, 1903.

Hon. Clark Bell, Esq.

My Dear Mr. Bell:—Your letter, with other documents, are received and I have looked them over and am satisfied that the matter is now settled, and that you have been thoroughly exonerated and that the American Congress on Tuberculosis will be held in St. Louis, and that your special friends and supporters will be present and look after the interests of the Congress.

I am inclined to question the propriety in the selection of men as "Council of the American Congress," who are so generally from the medical profession. I believe it is for the interests of all such organizations, that fewer doctors be connected with it, but to interest laymen, business men and lawyers, and not have it seem that it is a "Doctors'" affair.

However, I hope it will turn out all right and be creditable to the country, and worthy of recognition among all people who are interested in this kind of work.

You asked me to send the title of my paper to be read at the St. Louis meeting in 1904. I have thought best to write a paper entitled, "How and By Whom Can Sanitary Laws Be Enacted and Enforced."

My object in discussing this question is, perhaps, to show that the medical profession have not been successful in controlling legislatures in the enactment of laws regulating sanitary matters, and believe that almost any laymen is able to carry more influence than any of us. I enclose a proxy made out as you requested, and shall forward to you in a short time, a subscription to assist in the work. With kindest regards to you all, I am,

Sincerely yours,

A. P. GRINNELL.

THE ST. LOUIS EXPOSITION OF 1904 AND THE AMERICAN CONGRESS ON TUBERCULOSIS.

At the annual meeting of the American Congress on Tuberculosis, held at the City of New York, June 10th, it was the unanimous vote and voice of all the delegates present, and those who sent their proxies, that the next meeting of the Congress be held at St. Louis at the Exposition.

The resolution voicing this action was adopted unanimously, and all the officers and committees were instructed to devote all their efforts and energies to make the meeting memorable and successful.

The medical profession will be invited as well as the legal, and the laity who take an interest in the subject to co-operate.

Those wishing to contribute papers can send their names and the titles of their papers to the president, Dr. E. J. Barrick, of Toronto; the secretary, Samuel Bell Thomas, 290 Broadway, New York, or to Clark Bell, Esq., 39 Broadway, New York, chairman of the executive committee.

The medical societies of the States and the Governors of States will be invited to send delegates, as will foreign provinces, States and countries on both the American hemispheres.

This indicates a very large and successful meeting at St. Louis in 1904, and, it is to be hoped, will be more successful if possible than the Congress of 1902, and no doubt will have larger representation from South and Central America, because more time will be given those countries to respond and to prepare and be represented.

Meanwhile, Dr. Daniel Lewis, who has been succeeded as president of the Congress by Dr. E. J. Barrick, of Toronto,

and an entire new board of officers, has made an announcement in the "Medical Review of Reviews," of which he is the editor:—That the new American Congress on Tuberculosis which has been incorporated have decided,

1. That it will not hold any session at St. Louis in 1904, as originally contemplated.
2. That it will hold its meeting in April, 1905, in the City of Washington, D. C., for which it will have ample time to prepare, and,
3. That Dr. George Brown, of Atlanta, Ga., is and will be practically the executive officer of that Congress, and that all who desire to present papers before that Congress should apply to him.

We give that organization this advertisement gratuitously. We understand that it is to be composed strictly of and limited to medical men, and we shall do all in our power to facilitate its work upon the problems confronting the public mind upon medical lines. It ought to be able by April, 1905, to settle disputed questions of medical treatment of consumption, especially, and give us what may be regarded as a medical view, whether consumption can be cured, whether it is communicable, and what steps can be recommended as agreed upon by medical men as advisable to recommend to legislators and to the public.

The necessary legislation to retard or prevent its spread may not be strictly a medical question, but it is not impossible that some good may be effected by Dr. Lewis and Dr. Brown and their conferees, in their organized and incorporated body, which Dr. Brown has announced as the "New American Congress on Tuberculosis." We shall be glad to learn of its success along the narrow line of inquiry to which it limits its work.

AMERICAN CONGRESS ON TUBERCULOSIS.

The annual session of the American Congress on Tuberculosis was held June 10, 1903, at the New York Press Club. The new Council, provided by the revised constitution of last year, was formally elected, and was instructed to arrange for a Congress of Tuberculosis at St. Louis, in 1904. The following honorary presidents were elected: Laymen—John Hay, Secretary of State; Justice Charles G. Garrison, Supreme Court, New Jersey; Abram H. Dailey, Brooklyn; General Russell M. Alger; the Earl of Minto, Governor General of Canada. Medical—Dr. A. N. Bell, editor of "The Sanitarian;" Dr. J. G. Adams, professor McGill University, of Montreal; Prof. Charles H. Hughes, St. Louis; Dr. N. Senn, Surgeon General, State of Illinois, Chicago; Dr. Presley M. Rixie, Surgeon General, U. S. N.

The following officers were elected: President, Dr. E. J. Barrick, Toronto; First Vice President: The gentleman elected to this office declined. The Council filled this vacancy at its first meeting. Second Vice President, ex-Chief Justice L. Bradford Prince, Santa Fe, New Mexico; Third Vice President, Dr. Charles K. Cole, Helena, Mont.; Fourth Vice President, Dr. Sofus B. Nelson, State Board of Health, Pullman, Wash.; Fifth Vice President, Dr. A. M. Linn, State Board of Health Des Moines, Iowa. Samuel Bell Thomas, Esq., of New York, was elected secretary, and Clark Bell, Esq., who resigned as fifth vice president, was elected treasurer. The Council elected were as follows: Moritz Ellinger, Esq., of New York, chairman; Dr. J. Mount Bleyer, of New York; Dr. W. F. Drewry, of Petersburg, Va.; Dr. A. P. Grinnell, of Burlington, Vt.; Dr. Mihran K. Kassabian, of Philadelphia, Pa.; Dr. H. Edwin

result to the work which the State and individuals have undertaken. On the contrary, I can see very urgent reasons why the property interests and rights of individuals which are safe-guarded in this act should receive the thoughtful consideration of the Legislature and the Executive.

"After viewing the bill from all standpoints and consulting with those who are interested in this work, as a matter of equity and justice, I have concluded to approve the bill."

THE AMERICAN CONGRESS ON TUBERCULOSIS. SESSION OF 1904.

The meeting of the American Congress on Tuberculosis has, by resolution of the Congress itself, been fixed for the City of St. Louis in 1904, on the occasion of the Exposition there. The dates fixed for the meeting, and the personnel of the local committee of arrangements, will be made by the governing council and announced later.

Members and delegates who will contribute papers to be read at that Congress will please send their names and addresses to the president, Dr. E. J. Barrick, at Toronto, Ontario, or to the secretary, Samuel Bell Thomas, Esq., 290 Broadway, New York City, with the title of their paper, so that early classification can be made.

The Bulletin of the American Congress on Tuberculosis of 1902 will shortly be ready for subscribers and members who enrolled.

It is suggested now that all obstacles to the success of the Congress are removed; that all members of the body and all others of the medical or legal profession, or of the general public, who take an interest in the work of the body, commence work at once to make the meeting at St. Louis in 1904 in every way a memorable occasion.

TO THE MEMBERS AND DELEGATES OF THE AMERICAN CONGRESS ON TUBERCULOSIS APPOINTED BY THE GOVERNORS OF STATES, OR BY STATE MEDICAL OR OTHER SOCIETIES.

By remitting \$1.50 (half price) in advance to the secretary or treasurer of the American Congress on Tuberculosis, you will receive a copy of the Bulletin of that Congress for 1902, and by action of the governing council of that Congress, this will entitle you to full paid membership in the Congress of 1903.

It is hoped that members and delegates generally will avail themselves of this very liberal offer.

MASSACHUSETTS MEDICO-LEGAL SOCIETY.

The annual meeting will be held at Sprague Hall of the Boston Medical Library, 8 The Fenway, on Tuesday, June 9th, 1903, at 1 o'clock P. M. The following papers were read:

"Historical Notes on the Laws Governing Civil Malpractice in Ancient Times and the Middle Ages," Dr. Charles G. Custom. "The Bitzer Homicides," Dr. E. B. Lane, Dr. George P. Twitchell. "What Was the Cause of Death?" Dr. A. Elliot Paine.

The Track of a Pistol Bullet Through a Brain. (A brain preserved by Kaiserling's method.) Demonstration by Dr. Wm. F. Whitney.

Attorney General Herbert Parker will address the meeting.

THE AMERICAN CONGRESS ON TUBERCULOSIS.

The annual meeting of this body for the election of officers for the ensuing year was called for June 10, 1903, at the New York Press Club, 116 Nassau Street, at 2 o'clock P. M., by the newly organized council, at its meeting on the 6th of May, 1903.

Members not attending are authorized to vote by proxy.

The indications all point to a very complete change in the management and the board of officers. The Council have suspended the late secretary, Geo. Brown, M. D., of Atlanta, Ga., by a unanimous vote, for reasons which they sent to all the members of the organization.

He had procured a charter, or act of incorporation, under the same name with a slight addition of the words "for the prevention of consumption," and went to work to effect a new organization under this charter, selecting such of the former officers and members as were satisfactory to himself and two or three of his confederates, and eliminating such as they decided to ignore and exclude.

Dr. A. N. Bell, formerly the president of the body in 1900, and its honorary president, elected in 1900 and re-elected in 1901, first honorary president, editor of the "Sanitarian," and the oldest and highest sanitary authority in the United States, was decided to be dropped.

It was also agreed that none but medical men should be allowed in the management or in the body itself.

All allusions to the splendid array of honorary vice-presidents, who had been selected before the session of the Congress of 1902, and who had accepted, and who were re-elected on June 4th by the unanimous vote of the Congress, were ignored.

The vice-presidents at large were also to be ignored and dropped. All were men of character, standing and influence in the nation, and most of them men who had been connected with and had taken an active part in the previous work and history of the body; not one name of all these vice-presidents at large was retained, all ignored, except Dr. E. J. Barrick, of Toronto, who had been elected Third Vice-President by the Congress itself on June 4th, and who could not be ignored, and who was not understood to be in sympathy with the movement, nor in the confidence of its prime-movers.

The Congress on June 4th had unanimously elected the vice-presidents of the several States, of which a list was published in the June number, 1902, of the Medico-Legal Journal, all of which were ignored.

The Congress had also by unanimous vote, on June 4th, continued in office its Executive Committee, its Auditing Committee, and its Committee on Censorship, and by unanimous action had adopted a plan and basis of organization for a governing council of nine members, of which the President and First Vice-President were to be ex officio members, but neither of the other four vice-presidents were to be members, but by unanimous action had amended the basis of organization so as to make the secretary and treasurer both ex officio members of the Governing Council, but the Congress neglected to elect these nine councilmen, and the work of the body and its management fell under the basis of organization, upon the executive committee, until these councilmen were chosen, elected and organized. Delays of various kinds occurred so that it was May 6th before that council organized and took action.

Meanwhile that committee learning of the designs of Dr. Brown and his associates, were compelled to suspend Dr. Brown for action and conduct which they fully explain in their report to members, and to place Samuel Bell Thomas, Esq., in the office of Secretary.

The annual election will probably settle most of the questions; with the exception of Dr. E. J. Barrick, of Toronto, not a man had been elected to the offices, aside from Dr. Brown, who had ever been identified with the work of the body. The president, Dr. Daniel Lewis, had never attended a session of the Congress, and while announced to preside and make an address at the Congress of 1902, with his assent and approval, he did not appear at all, nor send word to the officers that he would not do so.

After the Congress adjourned on the day he was announced, he came into the hall and stated to the President and Secretary that his absence was the result of a mistake on his part and to his not receiving his notices in time, but he did not attend the banquet nor take part in any session of the Congress thereafter, although he stated that he should do so.

The circular issued by Dr. Brown and for which he was suspended, contained allegations that were entirely untrue, and stated that it was issued on the authority of Dr. Lewis.

If Dr. Lewis did, in fact, authorize it, he authorized the statement of untruths as to the action of the body, and neither he as President, had any authority to issue or authorize such a circular, nor the secretary any right or power to send it out. Dr. Brown's suspension followed.

If Dr. Lewis did authorize it no proof was laid before the Executive Committee or Council, or he would undoubtedly have received the unanimous censure of the Council.

If Dr. Geo. Brown or Dr. Daniel Lewis desire to organize an incorporated body to carry on the work of fighting tuberculosis, and limiting its labors to medical men alone, and to eliminate all the Governors of States, statesmen, lawyers, jurists and others, they certainly have the right to do so, but they have not the right to work such a revolution as has been attempted with an organization towards which they never contributed a penny of money or an hour's labor, and Dr. Brown's fate was well deserved, and if Dr. Lewis was, as it looks, a party to the movement, he merits and will doubtless

share the fate of Dr. Brown, so far as this organization goes.

The members of the body have very generally endorsed the action of the Executive Committee in suspending Dr. Brown from further action, and the annual meeting will determine whether the members sustain Dr. Brown and Dr. Lewis, or the Governing Council.

It is to be regretted that such an unseemly contest has arisen, but there is room for all those who have been connected with the work of the body in the past to continue its work.

It would be a strange state of affairs, if, by filing a certificate of incorporation, slightly changing the name of the organization, or by calling it "The New American Congress on Tuberculosis," they could reap the fruit of the labors of those who had borne the labor and carried the Congress to the results it has attained.

Still Dr. Lewis and Dr. Brown must be conceded to have the right to organize a movement to suit themselves, and to exclude legal men and statesmen, and to confine their work to the medical aspects of the subject. They may accomplish some good, but this body was organized on much broader lines, and the legal and legislative questions it presented and discussed, were on the broadest, most comprehensive lines of any question in forensic medicine in our day. We do not think the members of the body will be in sympathy with the present movement announced by Dr. Brown and Dr. Lewis, and we do not think they will be sustained by the members of the American Congress on Tuberculosis.



DR. FRANK E. DANIEL,
First Vice President,
Texas Medical Journal, Austin, Texas.



HON. L. BRADFORD PRINCE,
Second Vice President,
Ex-Chief Justice, Santa Fe, New Mexico.



DR. A. M. LINN,
Fifth Vice President.
Iowa State Board of Health, Des Moines, Iowa.

OFFICERS OF THE AMERICAN CONGRESS ON TUBERCULOSIS.

THE NEW AMERICAN CONGRESS ON TUBERCULOSIS.

Dr. George Brown, who had been suspended from the office of Secretary of the American Congress on Tuberculosis, for issuing a circular containing a misrepresentation of facts, and without authority from the management, by a unanimous vote of the Executive Committee of that body, which action was unanimously approved by the Governing Council, when it organized on May 6, 1903, has, with some of his sympathizers, decided on forming a new organization on strictly medical lines, to admit only medical men to membership and not to recognize the officers who were elected at the session of the American Congress on Tuberculosis in June, 1902, as Honorary Vice-Presidents, Vice-Presidents at large, thirty-six in number, from the various States of the Union, nor the Vice-Presidents from the States and Provinces, who were selected with one jurist or layman as far as practical, and to have a council of one man instead of nine, in addition to the executive officers.

They have issued a call and sent it to such members of the American Congress on Tuberculosis as they desire to be associated with the movement, addressed to the medical profession, from which we make extracts through the courtesy of one of the members of the Council of the American Congress on Tuberculosis to whom it was sent. It is headed:

"An Invitation to the Members of the Medical Profession
Who are Interested in the Study of, or Prevention of Tuberculosis."

"Dear Doctor:—You are cordially invited to become a member of The New American Congress on Tuberculosis, which is being organized for the purpose of holding an In-

ternational Congress on Tuberculosis in the United States, probably in 1904, at St. Louis.

"Will you not contribute a paper to such a meeting?"

It announces a board of officers of nine names only, and an advisory committee of thirty-four members, on which Dr. J. A. Egan, Dr. Irving A. Watson, P. H. Bryce, Frank Paschal and Dr. Henry D. Holton's names appear, who are officers of The American Congress on Tuberculosis, and six other names of members of the American Congress on Tuberculosis, of whom we know that some of the names are used without authority, and the notice and appeal is signed by Daniel Lewis, M. D., of New York, as President, and George Brown, M. D., of Atlanta, Georgia, as Secretary.

The name of Dr. Chas. O. Probst, of Ohio, is omitted from the list of officers previously announced by Dr. George Brown, and the name of Dr. A. N. Bell, first honorary President of the American Congress on Tuberculosis, and the Nestor of American sanitariums, is omitted from the advisory committee or the board of officers, as is also omitted all the thirty-six names of the Vice-Presidents at large, elected in 1902, except three, and with the exception of seven names, all the Vice-Presidents elected as Vice-Presidents of the States, elected at the annual meeting of 1902, over one hundred in number, and of the sixty-two Honorary Vice-Presidents elected in 1902, the name of only one is retained, Surgeon General Rixie.

In the list of nine officers the names of Dr. E. J. Barrick and Dr. Henry D. Holton are the only ones retained who did any work in the Congress of 1902, all the others being new names; and in the advisory committee only six names are retained who ever did any work at all in the early history of the organization, including the work of the session of 1902. We give the authors of this appeal the benefit of publishing their appeal. It makes no explanations of or apologies for the elimination of this large number of names who

have built up the body to whatever position it has held, and for the work it has accomplished.

It is doubtful if such a movement, thus organized and on such narrow lines, strictly limited to medical men and confined to the medical issues involved, can assume public importance.

The questions involved in preventive legislation are the foremost questions now before the public mind, and need the highest order of legal talent and the most active aid of the skilled athletes in statesmanship in the State legislatures.

The medical question of "Treatment of Tuberculosis," outside of its relation to legislation in aid of State and municipal sanatoria, is quite insignificant in the pending discussion.

The promoters of this appeal take too narrow a view and are on too low a plane for the actual exigencies of the hour. We do not attach the importance to it that perhaps it deserves.

What effect will it have on the work that now lies before the American Congress on Tuberculosis? That is the question. The annual meeting is announced for June 10, 1903, and the selections then made and the plans adopted will decide how far the effort, which seems to have been confined to a few individuals, will serve to injure, hinder, delay or obstruct the great labor which was bestowed upon the American Congress on Tuberculosis, which culminated in June, 1902, in the splendid success that crowned the efforts of the leading thinkers and workers of the Medico-Legal Society, who not only originated the American Congress on Tuberculosis, but brought it into tangible life and shape and recognition.

The present indications are that almost an entire new board of officers will be chosen, with a governing council of nine members, president and five vice-presidents, a secretary and treasurer, with honorary presidents and standing committees on the leading subjects, to culminate in a Congress at St. Louis in 1904, on lines as broad as those laid down at the Congress of 1902, and not confined to the medical questions, to which this call announces for "The New American Congress on Tuberculosis."

AMERICAN CONGRESS ON TUBERCULOSIS.

Office of the Secretary, 290 Broadway.

May 6, 1903.

The newly elected governing council met to-day and organized with Moritz Ellinger, Esq., as chairman, and Samuel Bell Thomas, Esq., as secretary.

The full board were in attendance or represented by proxy. The President and First Vice-President did not attend.

The following were present in person or by proxy:

Moritz Ellinger, Esq.

Dr. A. N. Bell, of Brooklyn.

Dr. M. M. Smith, of Austin, Texas.

Dr. A. P. Grinnell, of Vermont.

Dr. Henry McHatton, of Georgia.

Dr. J. W. P. Smithwick, of North Carolina.

Dr. J. Mount Bleyer, of New York.

The death of Dr. Charles F. Ulrich in February, 1903, was announced, and a committee named on appropriate action.

The action of the Executive Committee was unanimously ratified and approved in suspending Dr. George Brown from the position of Secretary, and the election of Samuel Bell Thomas, Esq., as Secretary of the Congress in his place and stead.

The Council by unanimous action issued a call for the annual meeting of the Congress to be held in the City of New York on June 10, 1903, for the election of officers for the ensuing year, and appointed standing committees, and a committee to prepare By-Laws. A large number of prominent members were in attendance at the session. There was great interest felt in the work, and plans adopted to enlarge the numbers and usefulness of the Society.

Ex-Coroner Ellinger was unanimously elected chairman of the Governing Council, and Samuel Bell Thomas, Esq., Secretary.

The Executive Committee with Clark Bell as chairman, the Committees on Censorship and Auditing of Bills, were continued until the annual meeting; the standing committees were organized and a Committee of Arrangements made for the annual meeting on June 10, 1903.

A resolution was adopted accepting the offer of the Medico-Legal Journal to furnish every officer, delegate and member of the Congress of 1902 with the Bulletin of the last Congress at half price, and a certificate of membership full paid for 1903, who remitted \$1.50 to the Medico-Legal Journal, or to any of its officers of the Congress, for its account in payment for said Bulletin.

The Council adjourned subject to the call of its chairman, Moritz Ellinger, Esq.

SAMUEL BELL THOMAS, Secretary.

American Congress on Tuberculosis.

SOCIAL ASPECTS OF TUBERCULOSIS.

BY F. E. DANIEL, M. D., AUSTIN, TEXAS.

You have given me for a subject, "The Social Aspect of Tuberculosis." In the whole range and scope of social science, as broad and comprehensive as it is, embracing every interest of the social body of the nation—its commercial, financial, industrial, scientific, religious, economical and political—there is no more important subdivision than that of the public health. It is the one vital subject, the foundation upon which rest the prosperity, the integrity, the welfare, the perpetuity—the very existence of a State or nation. It is of vastly more importance than are those conditions which affect the morals of the people—crime and prostitution, for instance, as vast and far-reaching as are their pernicious influences; or of industrial disturbances, as "strikes," etc.; or of pauperism, or of any of the problems with which the student of sociology is confronted.

In a consideration of the subject we should take into account all those things which affect the health and threaten the life of the citizen. We will limit ourselves, however, to a brief consideration of consumption in relation to the public "The Social Aspect of Tuberculosis." It is a phase of the science that strikes at the underlying principle of the social fabric—the public health. It is the blight upon the nation—the one chief factor in death and decay—the overshadowing evil that perpetually hangs like a pall upon every people. It destroys more lives than "plague, pestilence and famine, battle, murder and sudden death." It is responsible for 16.16 per cent. of all the deaths from all causes, including war and famine. That is, about one-sixth of those who die of consumption, every year, everywhere, all the time! And yet, it is a preventable disease, easily preventable! What a

Reprinted from Texas Medical Journal and contributed to the American Congress on Tuberculosis on invitation of its officers.

commentary upon our civilization and boasted enlightenment! We hasten slowly. We make slow progress in preventive medicine—a progress out of all proportion to the advances made in every other line of human thought and activity.

How far-reaching and disastrous are the ravages of tuberculosis may be seen at a glance at a few figures of the statistician. Dr. W. S. Carter, of the Medical Department of the University of Texas, at Galveston, in a paper presented to the Texas State Medical Association at Dallas last April, says that in the United States there are one hundred and fifty thousand deaths from consumption every year. That is about 50 per cent. more than the total deaths in the United States from yellow fever in a century! And yet, in face of these appalling facts, the health machinery of many of the States and of the United States is directed almost solely towards the prevention of epidemic diseases of foreign origin; and nearly all of the vast amount of money spent for sanitation is expended in the endeavor to prevent the introduction of those diseases into our midst; that is, for quarantine and inspection of service. One hundred and fifty thousand lives lost every year in the United States by one preventable disease! It is estimated that the money value of those lives—to say nothing of time lost, suffering, expense of treatment and nursing; that is, the value to the State of a citizen as a producer, or a soldier, if need be—is about one hundred and fifty million dollars, a sum sufficient to pay the public debt, or to build an isthmian canal every year—that is about one-fourth of one per cent. of the entire population. If unchecked, at that rate, in about forty years, the population will be decimated. The world stands awed and shocked at contemplating the destruction of forty thousand people by an earthquake. It would be horrified at a war in which one hundred and fifty thousand were slain. And yet, that number of our people fall every year in these enlightened United States by tuberculosis alone, and it is scarcely known or heard of except by the sanitarian and the physician.

But at last the people are being aroused to a realizing sense of this enormous and needless loss of life; the whole medical world is awakened to the importance of devising means to suppress and eliminate this terrible scourge. 'Tu-

berculosis congresses are being held everywhere, and special sanitariums are being established for the treatment and cure of the indigent consumptive. A sentiment has been created in Texas, too, by the physicians, and our people are beginning to move to take some steps towards arresting the spread of the disease. It is hoped that at the approaching session of the Legislature the medical societies of the State will be able to secure the passage of measures looking to that end—the creation of a State Board of Health, with power to formulate and enforce measures of prevention and the establishment of consumptives' hospitals, in which the "floating population" of migratory consumptives of the pauper class that drift southward every winter, may be "corraled," "retired from circulation."

Any proposed reform, however rational, is apt to meet with opposition. Any reform that strikes at preconceived and established ideas, doctrines and customs, is necessarily of slow growth; and whenever any reform is instituted, there is not infrequently a reaction, and we are apt to go to an opposite extreme and substitute one evil for another. Hence, in the matter of dealing with the prevention of consumption, calm and deliberate judgment and good sense must prevail in order not to create alarm or panic.

In the French revolution, when the people, goaded to desperation by centuries of wrong and oppression, rose in their might, killed their king and queen, exterminated the aristocracy, and seized the government, they went to the extreme of killing each other, and inaugurated the "Reign of Terror." There is danger here of going to extremes in the endeavor to arrest the spread of consumption. In our anxiety to protect the public we may institute unnecessarily severe measures, the enforcement of which would work great hardships and be an outrage on humanity. The impression prevails very generally, unfortunately—and it is upon the authority of those who know better (but it grows out of a confusion of terms)—that consumption is contagious. It is remarkable that words are used as synonyms, that have, often, widely different meaning. "Contagious" and "infectious," "communicable" are generally accepted and used as meaning the same thing, and yet there is a difference in many ways between a "contagious" disease and a "communicable" disease. A disease may be communicable without being con-

tagious, as are typhoid fever, cholera and consumption. But all these are communicable, and infectious in the sense that the poison thrown off by them in the secretions may and do infect, and hence communicate the disease to well persons. I repeat and wish to emphasize it: Consumption is a communicable disease, but it is in no sense contagious—that is, it cannot be “caught” by contact. That is the meaning of the word. It is not possible for a sound, healthy body, coming in contact with a consumptive body, to acquire consumption. Nevertheless, upon the authority of the Surgeon General of the Marine Hospital Service of the United States, backed by that of the United States Treasury Department, of which the Marine Hospital Service is a sub-department or bureau, the fiat has gone out that upon a construction of the public health laws by the Attorney General, consumption is “a contagious disease, dangerous to the public health.” In June last the Superintendent of Immigration of the United States issued an order, based upon this decision, that all consumptive immigrants, without distinction, rich and poor, big and little, shall be excluded from the shores of the United States. Previous to this order the Board of Immigration, after having received the opinion of the health officer of the port, had some discretion, and it was possible to admit a child afflicted with consumption, accompanied by healthy parents, or a consumptive wife along with her healthy husband, for instance; but under this ruling every consumptive must be sent back. This involves the separation of parents from child, of husband from wife, the disruption of whole families. Reflect a moment upon the unwisdom of such a course, the utter needlessness of it, not to say the inhumanity and injustice of it. I have heard it seriously proposed to stop consumptives at the State line and refuse them admission to our State. I am under the impression that such a policy is in force in California. Such action would be unwise, irrational, inhuman. It would be worse than the “shotgun quarantine” of former years. It would create a panic in the public and unjustly put a stigma upon thousands of good citizens and desirable immigrants, sufferers from an acquired disease. The consumptive is not a danger to be shunned and fled from like the plague. He is not a leper, “unclean, unclean,” to be avoided upon all occasions. He can be rendered harmless by the observance of simple and ra-

tional measures, and many will recover under proper hygienic conditions and environments.

And here let me say a word about the exploded yet popular fallacy that consumption is a hereditary disease. It is not. It cannot be transmitted from parent to child, but the child may, and often does, acquire it in the way that we now know that it is communicated, by infection from the expectorated matter that contains the poison (tubercle bacilli). A predisposition to consumption may be transmitted from an invalid parent, a weakened vitality that would predispose to almost any disease, but consumption is never "inherited." The measures of prevention are: First, every case of consumption should be reported to the health officer, and should be instructed and shown how, and enjoined for his own safety and that of others, to destroy the expectorated matter that contains the poison (tubercle bacilli), and, in fact, all the excreta; to live in well-ventilated rooms; to bathe often, cold baths being preferable, they are "tonic"; to live out-of-doors as much as possible, sleep with open windows, avoid drugs and stimulants, eat wholesome and nutritious food and plentifully; take frequent exercise, stopping short of extreme fatigue, etc. The rooms occupied by the consumptive should be daily opened to the sun and air, though they alone will not disinfect the room; the bacilli are very tenacious of life and can only be destroyed by chemical means or by fire. All excreta should be burned, and the cuspidors should always contain a solution of bichloride of mercury or carbolic acid. Better, small paper receptacles made for the purpose should be carried by the patient and destroyed at convenient opportunities. All sleeping apartments and sleeping cars occupied by a consumptive should be disinfected at intervals, sterilized by the well-known germicidal gases, sulphur dioxide and formaldehyde. Ever since the discovery of the tubercle bacillus by Koch we know that this germ is the source of the disease. It gets into the dust after the expectorated matter has dried, and a well person acquires the disease by inhaling the dust into his lungs, and a patient, recovering from the disease, reinfects himself. Hence, if the expectorated matter be promptly destroyed the disease will be disarmed of its dangers, and that should be done in every case. Ordinances should be enforced everywhere prohibiting spitting in public places by all persons.

These are precious truths and should be made known to the public. The people should be made to realize the danger of disregarding the warnings. How can this be done? Physicians and sanitarians meet and discuss these things. They are published in the medical journals, but the public do not get the benefit of it. The lay press is very reluctant to publish such matters because the editors do not understand and appreciate the enormous importance of disseminating the information. We are like a convention of teachers holding sessions with closed doors. The pupils of the schools do not get the benefit of the teachings. One important feature of the proposed State Board of Health will be the preparation of literature on this subject and its general distribution among the people.

There is a great deal of missionary work to be done, too, in our own ranks. A great many of the rank and file of the medical profession do not understand the true nature of tuberculosis, and, therefore, do not know how to deal either with its prevention or treatment. Their minds must be disabused, too, of the "hereditary" fallacy.

Any remarks upon the treatment of the disease would scarcely come appropriately under the head of my subject, but as the greater always comprehends the lesser, it will not be amiss to say that the best thought of the medical profession of the world now is that drug treatment is useless, and worse than useless, and it has been abandoned. The *materia medica*, so far as it is of use in treating consumption, except as palliative in certain cases, has been relegated to the attic of exploded dogma. It is only by prevention that the disease can be controlled and finally exterminated, and by hygienic measures that it can be cured. The means necessary to the first are so simple and easily used, and enforced by authority, if necessary, that they should be instituted at once. The hope of exterminating the disease, however, is Utopian. It involves a complete change in the manner of living and in the construction of dwellings, factories, shops, railway coaches—day and sleeping. All upholstered furniture and equipment, even carpets, should be abolished in hotels, boarding houses and sleeping cars. Dwellings and all living apartments and public conveyances should be constructed, not only for comfort and convenience, but with an eye to preserving the health—the avoidance of the causes of the dis-

ease—which are now very generally known to the medical men and must be taught every citizen. The means employed to prevent the spread of the disease from the sick to the well, and the reinfection of the patient himself (auto-infection), are suggested by and should be based on the etiology of the disease, and a knowledge of the manner in which it is propagated. Destroy the poison that is thrown off from the coughing consumptive, destroy the germs that linger in the dust, in the furnishings and crevices of the apartments and conveyances that are, or have been, occupied by him. Consumption is not a quarantinable disease, and should not be quarantined. In public institutions, however, hospitals, penitentiaries, asylums, etc., it is best to separate the consumptive from the other inmates. The treatment of those already afflicted with the disease must be hygienic. "Sanitation is the medicine of the future," said Professor Chaille; drainage, correct plumbing, ventilation, suitable climate, pure water, fresh air—and plenty of it—sunshine, cleanliness, nutritious diet, cheerful environment, diversion, exercise, etc., and sterilized apartments; everything, in fact, that makes for health of body and mind.

It is remarkable how near we have come, in the past, to hitting on the truth and solving certain problems; this very one of consumption amongst them. When King Edward VII ordered the founding of the King's Sanitarium for Indigent Consumptives, a prize of \$2,500 was offered for the best essay upon consumption and the management and treatment of the disease, and its prevention. Dr. Arthur Latham was the successful competitor. He advocates the hygienic method of treatment and taboos drugs. Says a writer in *The Hospital* (a medical magazine published in London), speaking of the subject:

"It is one of our amiable weaknesses to hold patent medicines in ridicule and contempt, but what could be more ridiculous, considering the teachings of the dead-house, than the current treatment of consumption so aptly described by Dr. Latham—a mere pouring in of drugs without any attempt to touch the root of the disease. Yet in the midst of all this drugging, which has been going on far longer than we can remember, there have been men who saw the truth.

"So far back as 1840, George Bodington insisted on the importance of a generous diet and a constant supply of pure

air, and propounded the terrible heresy that 'cold is never too intense for a consumptive patient.' In 1855 Dr. Henry MacCormac, the father of the late Sir William MacCormac, published a book on somewhat similar lines, and in 1861 read a paper before the Royal Medical and Chirurgical Society in which he advocated what are now established principles. Yet what was the treatment which these pioneers received at the hands of their professional colleagues? 'Bodington's book,' says Latham, 'met with much bitter and fierce opposition, and eventually the disapproval of his methods became so universal that patients were driven from his sanitarium,' while 'the members of the Royal Medical and Chirurgical Society refused to pass the usual vote of thanks to Dr. MacCormac, because they thought that the paper was written by a monomaniac.' * * * Meanwhile, notwithstanding our ostracism of new ideas, the teaching of Bodington, of MacCormac, and of the modern host of sanitarium owners has prevailed; and now, at last, in the full sunshine of royal patronage, we admit how simple is the truth expressed as it is by the motto of Dr. Latham's essay: 'Give him air; he'll straight be well.' What sycophants we all are!"

That sets the pace. The King's Sanitarium sets the precedent. The world will follow. The treatment of consumption for the future must be hygienic, sanitation and ventilation, and our people are slowly awakening to this; we must arouse them. The more enlightened amongst the people are beginning to understand that fresh air, and the "bugaboo" "night-air" is not injurious, and that cold water is not poisonous.

THE AMERICAN CONGRESS ON TUBERCULOSIS

*We clip from the Texas Medical Journal the following article
from the editorial columns edited by*

F. E. DANIEL, AUSTIN, TEXAS,
First Vice-President American Congress on Tuberculosis.

Few persons other than sanitarians and statisticians have any adequate idea of the ravages of consumption. According to the United States census report there died from consumption in the United States, in 1900, 111,000 persons, so far as reported. The registration districts in the States where records are kept and reports made embracing only about one-third of the population; that is, the rural population, as a rule, is not represented in these reports. A calculation based on this fact and on the given ratio would give us a total for 1900 of 145,000 deaths; and for the census year of 1890, 154,000, or an average yearly of about 150,000. Thus in the decade between the census years there were in the United States one and a half million deaths from consumption.*

In the War of Secession there was a total loss of three-fourths of a million soldiers all told, both armies, from all causes. The war lasted, say, five years. It will be seen

*Says Professor W. S. Carter, (Trans. Texas State Medical Association 1902, p. 366-7): "It might be contended that this estimate is too high, as the registration area includes mostly the urban population, while the non-registration area represents largely the rural districts. Against this argument it may be stated that the total number of deaths recorded, from all causes, for the non-registration area was 526,425, although the population was two-thirds that of the entire country (47,000,000), while the total number of deaths from all causes in the registration area was 512,669. The latter only represents a little over one-third (28,000,000) of the total population. It is entirely safe to say that there were approximately 150,000 deaths from tuberculosis in the United States every year from 1890 to 1900."

that at the present time as many persons are dying yearly from consumption as were lost yearly by both sides, from all causes, during that terrible conflict.

If the bubonic plague were raging in America, and four hundred people were dying daily, every day, all the time, year in and year out; or there was a war in progress on our soil with such a death loss, what would be the state of public sentiment? There would be a panic and a stampede. Every resource of science and skill, every influence and power and agency on the part of government—State, national and local—would be invoked and put into exercise to stop the fearful havoc. And yet, that is just what consumption is doing. It is killing four hundred and eleven people every day, every year—all the time, and no one seems to know it or heed it except the sanitarian and the statistician, and they are powerless to prevent it.

Consumption is a disease easily preventable. It is in no sense contagious, nor is it hereditary, as it was once thought to be. It is, however, highly infectious, and therefore communicable from the sick to the well, the infection being the poisonous matter coughed up by the patient. To prevent the spread of the disease and the reinfection (auto-infection) of a person getting better or well, it is necessary to destroy this poison. It can be readily seen that if this be not done it gets into the dust of rooms or cars, and lodges in carpets, blankets, curtains, and all upholstered furnishings where it can not be reached by any cleaning up process, however thorough, nor by any disinfectants other than in the form of gas; this alone can reach the deadly germs (tubercle bacilli), and destroy them in situ. In fact, in the interest of health, all carpets, rags, and upholstered furnishings should be abolished. The bacilli of consumption, the cause of the disease, are very tenacious of life, and can only be destroyed by chemical means or fire. Sunlight, even the direct rays, will not kill them, nor will "fresh air," nor hot air, nor deodorizers, such as sheets wet with so-called disinfectants.

The question of limiting or arresting the spread of communicable disease is not solely a medical one. The medi-

cal men can only expound the causes and methods of propagation, and advise. They can preach the gospel of cleanliness, and expound the laws of hygiene, and recommend measures of prevention and protection, but they can not enforce them. The strong arm of the law must be invoked. Texas appreciates this fact, and it is a matter of pride and congratulation that she is first, and, so far, the only State in the Union to pass a law requiring disinfection (not simply "cleaning up") of public buildings and public conveyances in the interest of public health. This law went into effect July 1st, but is not yet in practical operation. Many of the railway surgeons of the State were here last week in conference with the State Health Officer as to the best methods and details, and it is understood that the State Health Officer is now preparing rules and regulations to be enforced in all public places for the protection of the public.

Meantime a concerted movement throughout the United States and Canada has been inaugurated by medical and legal scholars under the auspices of the Medico-Legal Society of New York, to stimulate a public sentiment and arouse the people, and, through them, the Legislatures and Congress to the necessity of protecting the public against this great and fatal danger not appreciated, indeed, scarcely suspected by the average citizen. The American Congress on Tuberculosis has been organized and will meet next spring in St. Louis during the great centennial. It will be held under the patronage of many of the most distinguished men, both medical and legal, in the United States, among whom are Secretary of State John Hay, Surgeon General Rixey of the navy, General Russell A. Alger, Surgeon General Nicholas Senn, the Earl of Minto (Governor General of Canada), all of whom, and many governors of States and statesmen are amongst the honorary presidents of the Congress. Its object is to put into operation every measure of prevention known to science, to secure the necessary legislation to this end, and to educate the people how they can avoid the disease; at least how the spread of the disease from the sick to the well may be

measurably prevented by the observance and enforcement of sanitary precautions, both in families and in public. Thousands of lives will be saved annually by railway disinfection only.

The success with which sanitary science has dealt with yellow fever, eradicating it from its stronghold in Cuba, where, for two centuries, it has been endemic; with bubonic plague in Manila, and with cholera, that once dread scourge, warrants the hope and belief that in time it can greatly diminish the ravages of the great white plague, and by attacking the cause, as was done in the cases cited, it can finally be rendered practically harmless. It will require, however, a revolution in many details of public life and travel and in domestic life. Meantime much, a great deal, can be done towards limiting the spread of the disease and thus diminishing the fearful death loss. The people must be educated in sanitation. Its principles must be taught in our schools, and enforced at the same time. The law applies, of course, to public schools, and will, of course, be enforced.

The movement to create the American Congress on Tuberculosis was inaugurated by Hon. Clark Bell, long time President of the Medico-Legal Society and the well-known editor of the *Medico-Legal Journal*; and the successful organization of the Congress—despite opposition and even treachery on the part of certain medical men whose coöperation he had invited—is largely, mainly, due to his intelligent zeal in the cause. The medical profession owe him much; the American people more. His work in this alone will be a monument to his name, and history will give him a place by the side of Pinel, Parr, Howard and other great humanitarians and philanthropists.

TRANSACTIONS.

AMERICAN CONGRESS ON TUBERCULOSIS.

COUNCIL MEETING.

At a meeting of the Council of the American Congress on Tuberculosis held on July 11, 1903, pursuant to call of the Chairman, at the office of Clark Bell, Esq., Treasurer, No. 39 Broadway, New York, the Chairman, Moritz Ellinger, Esq., in the chair, and in the absence of Samuel Bell Thomas, Esq., Secretary, Clark Bell, Esq., was chosen Secretary.

The following members appeared in person and by proxy:

In person:—Moritz Ellinger, Esq., Chairman; Clark Bell, Esq., Treasurer; J. Mount Bleyer, M. D., M. Markiewicz, M. D.

By proxy:—A. P. Grinnell, M. D., by Henry M. Russell; Richard J. Nunn, M. D., by Henry M. Russell; Mihran K. Kassabian, M. D., by A. A. Jakobi; J. W. P. Smithwick, Esq., by A. A. Jakobi; E. J. Barrick, M. D., President, by Clark Bell.

The minutes of the last meeting of June 10th, 1903, were read on the organization of the former Council, and on motion duly approved unanimously.

The minutes of the new Council elected June 10, 1903, at the Annual Meeting were then read and on motion unanimously approved.

The Chairman of the Executive Committee announced that acceptances had been received from all the Honorary Presidents on the medical side, except one; on the legal side, except three.

That acceptances had been received from all the officers elected, except two of the Vice-Presidents, and from all the members of the Council except two, and that only one declination had been received that of the first Vice-President, which resignation had been accepted, and that a vacancy had occurred and now existed in the office for Vice-President.

It was moved and carried that the Council do now proceed to fill that vacancy by ballot.

Mr. Clark Bell moved and put in nomination for that office Dr. F. E. Daniel, Editor of the Texas Medical Journal, of Austin, Texas, and paid a glowing tribute to that gentleman's abilities and enthusiasm for the work of the body, and stated how fortunate it was for the Congress and cause that the great State of Texas was represented on the Board of Officers by so able and zealous a representative, and read some extracts from Dr. Daniel's letter to the Chairman of the Executive Committee, stating his desire to be active in such a cause, and promising to aid the movement by voice and pen in his Journal.

On the first ballot Dr. F. E. Daniel was unanimously elected First Vice-President to fill the vacancy.

The committee named to report By-Laws reported through Mr. Clark Bell, Esq., recommending the adoption of the By-Laws as submitted by the committee. The report was, on motion, received

and on motion, after discussion, the By-Laws as reported by the committee, were unanimously adopted, and were as follows:

BY-LAWS OF THE AMERICAN CONGRESS ON TUBERCULOSIS.

ARTICLE I.

OBJECTS AND AIMS.

Section 1. This body is organized to prevent and avert the spread and increase of tuberculosis, the scourge of the human race.

Section 2. It aims to accomplish this purpose by

(a) Appropriate, conservative, sanitary measures judiciously and carefully prepared, so as to meet popular approval, which will diminish the known and recognized causes, and as far as possible, also arrest and avert the spread of the disease.

(b) To so educate and influence public opinion and sentiments as to ensure the enforcement of sanitary measures, and preventive legislative measures, which are best calculated to secure this result.

(c) The construction of National, State and municipal sanatoria for the early care and cure of the indigent and poorer citizens, thus not only meeting a great and crying want of those who are now victims of the disease, but to aid as enormous factors in diminishing the spread of the malady which is recognized as a communicable disease.

ARTICLE II.

OFFICERS AND THEIR DUTIES.

Section 1. The affairs of this Association shall be governed by a governing Council, composed of nine members, who shall have the management of all its affairs and business; who shall be annually elected by ballot and who shall have the power:

(a) To elect its own Chairman and Secretary.

(b) To fill all vacancies that occur in the Council by death, resignation or otherwise.

(c) To fill any and all vacancies occurring by death, resignation or otherwise of any officer of the body.

(d) To hear and determine all charges and complaints, and to suspend in its discretion, but only by a two-thirds vote of its members present, or represented at a meeting of the Council, and then only on written charges, which must be served by mail or personally on the accused, and on the order, and by vote of a quorum of the Council; and

(e) To manage all the affairs of the body.

PRESIDENT AND EXECUTIVE OFFICERS.

Section 2. There shall be a President annually elected by a majority of all the votes cast at the annual meeting, whose duty it shall be to preside at all meetings of the body, and to make an annual address at the close of his term.

VICE-PRESIDENTS.

2. There shall be five Vice-Presidents, numbered from first to fifth, whose duties shall be in their numerical order to discharge the duties of the President, in case of his illness, absence, incapacity or neglect to do so, who shall be elected at the annual meeting.

SECRETARY.

3. A Secretary, who shall be annually elected at the annual meeting, who shall keep the record and minutes of the meetings of the body, and do and perform such other duties as shall be required of him by the Council from time to time.

TREASURER.

4. A Treasurer, who shall be annually elected, who shall hold the funds of the body and disburse them only on the order of the Council.

cil, evidenced by the signature of the Chairman of the Council, or such person or persons as the Council may, from time to time designate, direct and report quarterly to the Council.

5. The President, First Vice-President, Secretary and Treasurer shall be ex officio members of the Governing Council and have a seat and vote in its action and deliberations.

VICE-PRESIDENTS-AT-LARGE.

6. There shall be thirty-five additional officers elected annually, to be known and designated as Vice-Presidents-at-Large, whose duties shall be to co-operate with the objects and purposes of the body, contribute papers when requested and act on special committees when requested to do so by the Council, or Chairman of Standing Committee.

VICE-PRESIDENTS FOR STATES AND COUNTRIES.

7. There shall be designated by the Council, or by such committee as it names, three Vice-Presidents in each State and Territory of the American Union, Province or State or country, who affiliates with this body, of whom two shall be medical men and one legal, or layman, who shall have the charge and be the focus or head of all auxiliary work in each State, Territory, Province or country, in carrying out such measures and policy as the Council shall favor, order or recommend, and as the First Vice-Presidents of States have been selected at great expense and labor, that these be retained so far as practicable, if they consent, or unless more active and efficient officers can be secured.

8. The Council shall recommend for election such Honorary Vice-Presidents of the body, including Governors of States, public officers and eminent citizens of our own or of foreign countries, as we are in affiliation with such names, besides those who have already accepted and elected, as it shall deem for the best interests of this body, and shall have the power of electing the same in vacation at any time after the annual meeting has adjourned, including the Honorary Vice-Presidents named in the basis of organization.

ARTICLE III.

STANDING COMMITTEES.

Section 1. Besides the Executive Committee of Seven, the following Standing Committees shall be annually created to take charge of the several subjects, and to report at the next annual meeting after the selection, and shall be appointed by the Council annually, viz:

- (a) Committee on Preventive Legislation.
- (b) Committee on the Pathology and Bacteriology of Tuberculosis.
- (c) The Veterinary Aspects of Tuberculosis.
- (d) Sanitoria.
- (e) Climatology.
- (f) Light and Electricity.
- (g) The Surgery of Tuberculosis.
- (h) Resolution.
- (i) Ways and Means.
- (k) On acceptance, censorship and revision of contributions for Publication, and on Publication.
- (l) On the Press.

Section 2. These Committees shall consist of not less than five, nor more than eleven members; each committee shall have a chairman and a secretary, and after the committees are formed, the Council shall empower each committee to add to or increase its membership, and to fill vacancies occurring by death, resignation or otherwise, so as to insure the best work from each committee.

FINANCE COMMITTEE.

Section 3. The President shall appoint from the Council a committee of five to be called a Finance Committee, to be approved by the Council, who shall audit all bills of the Congress for the year in which it is named, who shall have authority to levy taxes to be laid on members to meet and discharge indebtedness, and to regulate the amount of the annual dues of members, and to designate one of its number to endorse its approval on all orders on the Treasurer for expenditures ordered by that Committee for the year in which it is selected, and shall execute all directions of the Council relating to the business or financial transactions of the body, relating to the year's business for which it is appointed or named.

COMMITTEE ON PUBLICATION.

Section 4. The Council shall annually appoint a committee of five members of the Association to take charge of all papers to be submitted for that year.

All papers to be read or submitted for publication must be sent to this committee in full or in abstract, at least four weeks before the meeting at which they are announced to be read, or are expected to be read.

This Committee will have full charge of excluding and editing all the papers prepared, and may accept or reject the same, and shall have full power over the reading and the publication of the same, subject to the approval of the Council.

The President and any of the Vice-Presidents that the Council selects shall be ex officio members of the Committee of Publication.

COMMITTEE ON TRANSPORTATION.

Section 5. The Council shall annually appoint at or immediately after the annual meeting, and on the organization of the Council for the current year in advance, a Committee on Transportation, consisting of five members who shall have charge of time and place of next meeting, banquets, museum, selection of hall and the enrolment and register of delegates at the annual meeting next ensuing, and shall have such other powers and duties as the said Council shall see fit to confer upon this committee.

Section 6. The Council shall annually appoint also a Committee on Invitation, consisting of five members, of which the President and one Vice-President which the Council shall designate, shall be ex officio members, who shall have charge of all invitations and of classification and arrangement of papers and lectures to be read at the annual meeting.

Section 7. A Nominating Committee, to consist of one member or delegate if enrolled, for each State, Province or country represented, also from the United States Army and Navy, the Marine Hospital Service, shall be appointed by the President on the first day of the Congress.

Section 8. All resolutions shall be referred without debate to the standing Committee on Resolutions, who shall report the same to the Council with their recommendations. The Council may, at its option, report the same later in the session with such recommendations as the Council deems best, and in such form or manner as it prefers.

ARTICLE IV.

MEMBERS AND DELEGATES.

Members and delegates shall be received from all reputable medical societies; from the Army, Navy, Marine Hospital Service, and all persons appointed by the Governors of different countries, States, Provinces and all societies for the prevention of Tuberculosis, and other legal societies and scientific bodies.

1. Dues of members for each year shall be fixed by the Council and shall be payable in advance.

2. The arrangement for the publication of the Bulletin shall be in the hands of the Council, and if enrolling fee is charged to provide for a published Bulletin, that shall be the province of the Council to fix and determine for the ensuing year.

3. The Council shall have power to drop the name of any member or delegate from the roll of members who is in arrears for dues, or assessments levied, if not paid within sixty days after notice by the Secretary or Treasurer.

MEETINGS.

The time and place of the annual meeting in each year shall be fixed by the Council unless fixed by the body. Special meetings of the body may be called by the Council on published notice thereof at least thirty days, specifying the object of the meeting.

Members of the body, or members of the Council, or any of the Committees, if unable to attend a session, may vote by written proxy, and their proxy may cast the member's vote.

Five members of the Council on a regular call signed by the Chairman's order, shall constitute a quorum of the Council for business.

Three members of any committee of five constitutes a quorum, if regularly called by the Chairman and Secretary.

AMENDMENTS.

These By-Laws may be amended at any meeting by unanimous consent.

Proposals to amend must be in writing, served on the Secretary thirty days before the annual meeting, and they must be adopted by a two-thirds vote of all the members or delegates present or represented by proxy.

On motion of M. Markiewicz, M. D., it was

Resolved, That as no Bulletin was necessary to be published in 1903 that the annual dues of the Congress of 1903, from June 4, 1902, to June 10, 1903, be, and the same are hereby fixed at the nominal sum of One Dollar each, and that the Treasurer be authorized and directed to send out bills for dues for that time:

1. To every enrolled member of the Congress of 1902.

2. To every delegate named by Governors of States, or by medical or other bodies and organizations who reported to the Congress of 1902.

3. To all new members of the Congress who have signified a wish to unite with the body, or who have been elected a member.

After discussion the resolution was adopted unanimously.

It was moved by Dr. Markiewicz that all who pay such annual dues be forthwith placed on the roll of members of the American Congress of 1903.

That enrolled members of the Congress of 1902, who are paid up on the books, who neglect to pay the said dues for more than sixty days after the Treasurer sends the bill for dues of 1903, may be, by a two-thirds vote of the Council, stricken off the Roll of the Congress and placed on the suspended list for arrears of dues by said vote of Council.

The Chairman of the Executive Committee called on the Treasurer for a report of the financial condition of the American Congress on Tuberculosis.

The Treasurer reported that there were no funds turned over to the Treasurer by his predecessor, Dr. Peter H. Bryce, who had not yet made any report of his receipts and disbursements from June 4, 1902, to June 10, 1903, when the successor to Dr. P. H. Bryce had been elected, although the said Dr. Bryce had been requested to report his receipts and disbursements in items with dates.

The Treasurer further reported that the body was indebted to various persons and corporations for printing, stationery, badges,

clerks, telegrams, stenographer, typewriting, expressage, hotel charges, postage and incidental expenses, which had been duly audited by the Auditing Committee, named and elected by the Congress on June 4, 1902, and he suggested that a committee of three be named by the chair to report on the amounts due, to whom, with dates and amounts, to the end that steps be taken by the Council for its liquidation and adjustment, and some plan devised to provide ways and means to meet the expenses of the body, which has now no income, except the provision for dues for the Congress of 1903, and the best plan of securing the necessary funds to make the Congress of 1904 at St. Louis a success.

That to defray the immediate expenses of the body, a subscription had been started, toward which the President had subscribed \$50, and the Treasurer \$50, the Secretary \$10, but that it had not yet been submitted generally.

Dr. Markiewicz moved that a committee of three be named to examine the unpaid and audited claims for the Congress of 1902, and report on the same in detail, and to present some plan of ways and means to carry on the financial side of the Congress of 1903 and of 1904 at St. Louis.

After discussion it was carried unanimously, and the Chair named as such committee, Dr. M. Markiewicz, M. Ellinger, Esq., and A. A. Jakobi, Esq.

The Committee submitted its report through A. A. Jakobi, Esq., which was read, received and ordered to be entered at length upon the minutes.

Mr. Jakobi then, as proxy for Dr. Kassabian, moved the adoption of the report and that the committee be discharged from further consideration of the subject.

Mr. Henry M. Russell, proxy for Richard J. Nunn, M. D., moved that the President, Secretary and Treasurer be authorized and directed to send an invitation to the State Boards of Health of the various States of the American Union, and of all foreign countries on the American Continent, to send delegates to the Congress to be held at St. Louis in 1904, and to invite them to contribute papers; and also to the State Medical Associations of the said several States, Provinces and countries who are believed to be in sympathy with the work of the body, which being put to vote was carried unanimously.

It was moved and carried that the Chairman of the Executive Committee, the Chairman of the Council, the President, the Secretary, the Treasurer and the First Vice-President be, and the same are hereby appointed to select a committee of the whole body who are instructed:

1. To organize a Committee on Reception for the St. Louis Exposition, with power to appoint names upon the Committee in their discretion.

2. With full power to appoint and fill any vacancy that may hereafter occur by death, resignation or declination of any officer elected at any meeting of the Congress on June 10, 1903, or to fill the vacancy in any Committee created and provided for at the annual meeting.

The Chairman of the Executive Committee suggested that in his opinion it would be wise for the Council and the general good of the body if a confidential advisory committee be formed of prominent friends of the movement throughout the country as represented, and asked for the expression of the sense of the Council on the subject.

It was moved by M. Markiewicz that the whole subject be referred to the Chairman of the Executive Committee, the President and the Chairman of the Council with full power to take any action that they deem for the best interests of the Congress, and with power to appoint such Advisory Committee if they deem it advisable. Carried unanimously.

On motion of Dr. Markiewicz it was unanimously

Resolved, That until the formation of the Standing Committee on Publication, the Chairman of the Executive Committee, the Chairman of the Council, and the President, act as Committee on Publication, and that they have authority to embrace in the forthcoming Bulletin of the Congress so much of the action of the Executive Committee and the Council as they deem proper, at the charge and the cost of the Congress at \$1.00 per page.

That they may also include such articles or matter not read at the Congress, as would, in their judgment, add to its usefulness and value, contributed by any of its officers or members on subjects germane to the work and mission of the body.

On motion of Dr. M. Markiewicz it was unanimously

Resolved, That the Medico-Legal Journal be, and the same is hereby designated as the official organ of the American Congress on Tuberculosis, and that matter inserted in the Journal or Bulletin of the Congress, on the order of the Council, shall not be charged for at any greater price than \$1.00 per page, the same price as the contract price of the Bulletin of the Congress of 1902.

It was moved and carried that a copy of the foregoing action be sent to the members of the Council who were not present or represented by proxy for their approval.

M. ELLINGER, Chairman.

CLARK BELL, Treasurer.

E. J. BARRICK,

By Clark Bell, proxy.

SAMUEL BELL THOMAS,

By Clark Bell, proxy.

MIHRAN K. KASSABIAN,

By A. A. Jakobi, proxy.

J. W. P. SMITHWICK,

By A. A. Jakobi, proxy.

J. MOUNT BLEYER.

AMERICAN CONGRESS ON TUBERCULOSIS.

FOURTH ANNUAL MEETING.

The American Congress on Tuberculosis met on June 11, 1903, at the Press Club, No. 116 Nassau Street, New York, at 2 o'clock P. M., pursuant to call issued by the authority of the Governing Council.

In the absence of the President, First, Second, Third and Fourth Vice-Presidents, Clark Bell, Esq., Fifth Vice-President, took the chair and called the Congress to order; Samuel Bell Thomas, Esq., acting as Secretary.

Mr. Bell made a brief address on opening the Congress and declared it open for the transaction of business.

The following States were represented by members and delegates in person and by way of proxies:

Arizona, California, Colorado, Connecticut, Georgia, Hawaii, Illinois, Indiana, Iowa, Maryland, Michigan, Missouri, New Mexico, New York, North Carolina, Pennsylvania, Texas, Utah, Virginia, Vermont, Washington, West Virginia, Wyoming, Guatemala, Hayti, New Brunswick, Ontario, Porto Rico.

The Executive Committee submitted a report to the Congress which was read by the Secretary.

On motion of Dr. Markiewicz the report was received by unanimous vote, and on like motion the report was unanimously adopted.

It was, on motion of Dr. Markiewicz, moved and carried unanimously that the Chair appoint a Committee of Five on the Revision of the Constitution and By-Laws, with instructions to report at this meeting.

The Chair named as such committee Hon. Moritz Ellinger, Chairman; Samuel Bell Thomas, Esq., R. W. Shufeldt, M. D., M. Markiewicz, M. D., and Ex-Judge Abram H. Dailey.

Mr. Ellinger, Chairman of the Council, submitted to the Congress on behalf of the Council its action on May 6, 1903, which was read by the Secretary and ordered placed on file and to be spread upon the minutes of the Congress.

On motion of Judge Abram H. Dailey it was unanimously resolved that the action of the Council of May 6, 1903, as so reported by the Chairman, meets with the approval of this Congress, and is hereby ratified and in all things duly approved.

Mr. Ellinger, as Chairman of the Council, reported as its recommendation the election of the following Standing Committees:

THE EXECUTIVE COMMITTEE.

Clark Bell, Esq., Chairman, of New York City.

Dr. A. N. Bell, M. D., of Brooklyn, N. Y.

Hon. Moritz Ellinger, of New York City.

Hon. Judge Abram H. Dailey, of Brooklyn, New York.



VICE PRESIDENTS OF AMERICAN CONGRESS ON
TUBERCULOSIS.

J. B. MORRIS, M. D.,
Lewiston, Idaho.

SENOR JUAN J. ULLOA,
Consul General for Costa Rica,
At the City of New York.

DR. P. W. STEWART,
Seattle, Wash.

DR. J. R. WALL,
Prescott, Arizona.

DR. SAMUEL GACHE,
Buenos Ayres,
South America.

HENRY A. HAIGH, ESQ.,
Detroit, Michigan.

Dr. J. Mount Bleyer, of New York City.

Dr. A. M. Linn, State Board of Health, Des Moines, Iowa.

Samuel Bell Thomas, Esq., of New York City.

On motion the recommendation of the Council was adopted and the Executive Committee, as recommended, was duly elected by ballot.

The Council recommended the election of the following Committee on the Auditing of Bills:

Hon. Moritz Ellinger, Chairman, of New York City.

Dr. A. N. Bell, of Brooklyn, N. Y.

Dr. T. D. Crothers, of Hartford, Conn.

Dr. E. J. Barrick, of Toronto, Ontario.

Samuel Bell Thomas, Esq., of New York City.

The Congress proceeded to the election of said Standing Committee and the same were declared duly elected.

Mr. Ellinger, as Chairman of the Council, submitted the following Standing Committees, which had been ordered by resolution:

(a) Committee on Preventive Legislation:

Clark Bell, Chairman, of New York City.

T. Henry Davis, State Board of Health, Richmond, Indiana

Hon. J. M. Emmert, M. D., State Senator, Atlantic, Iowa.

Dr. John S. Robinson, of Chicago, Ill.

Dr. E. J. Barrick, of Toronto, Ontario.

(b) Committee on the Pathology and Bacteriology of Tuberculosis

Dr. H. Edwin Lewis, Chairman, of Burlington, Vermont.

Dr. W. S. Magill, of Carnegie Laboratory, New York City.

Prof. J. J. Kinyoun, of Glenolden, Pa.

Dr. Louis Le Roy, of Nashville, Tenn.

(c) The Veterinary Aspects of Tuberculosis:

Hon. D. E. Salmon, Head of Bureau of Animal Industry, Washington, D. C., Chairman.

Dr. Sofus B. Nelson, Washington Agriculture Experiment Station, Pullman, Washington.

(d) Committee on Sanitoria:

Dr. E. J. Barrick, of Toronto, Ontario, Chairman.

(e) Committee on Climatology:

Dr. Karl von Ruck, Asheville, N. C., Chairman.

(f) Committee on Light and Electricity:

Dr. J. Mount Bleyer, of New York City, Chairman.

Dr. Mihran K. Kassabian, of Philadelphia, Pa.

Prof. Neils R. Finsen, Copenhagen, Denmark.

(g) Committee on the Surgery of Tuberculosis:

Dr. A. C. Bernays, of St. Louis, Mo., Chairman.

Dr. W. W. Johnson, of Hartford, Conn.

(h) Committee on Resolution:

Ordered to be named by the Council before the Annual Meeting of 1904.

(i) Committee on Ways and Means:

Ordered to be named by the Council before the annual meeting of 1904.

(k) Committee on Acceptance, Censorship and Revision of Contributions for Publication and on Publication:

Clark Bell, Esq., Editor of the Medico-Legal Journal, of New York City, Chairman.

Dr. A. N. Bell, Editor of the Sanitarian, of Brooklyn.

Dr. T. D. Crothers, Editor of the Journal of Inebriety, of Hartford, Connecticut.

Hon. Moritz Ellinger, Editor of Menorah Monthly, of New York City.

Dr. M. M. Smith, Editor of the Texas Medical News, Austin, Tex.

(1) Committee on the Press:

Ordered to be named by the Council before the annual meeting of 1904.

It was on motion, Resolved, That the Chairman of the several Standing Committees have the power of adding names to their several Standing Committees have the power of adding names to their several Committees on obtaining written consents of acceptance and notification to the Secretary.

It was moved and seconded that the Congress now proceed to the election of officers. Carried unanimously.

Owing to the large number of proxies that were presented and the absence of the members from the distant States, it was agreed by unanimous consent that the rule requiring the Nominating Committee to be named from each State be suspended, the Chair holding that it required the unanimous consent to suspend the rule.

On motion the rule was suspended by unanimous consent.

The Chair named as Nominating Committee:

Dr. M. Markiewicz, of New York City.

Dr. J. Mount Bleyer, of New York City.

Dr. R. W. Shufeldt, of New York City.

J. R. Abarbanell, of New York City.

A. A. Jakobi, of New York City.

The Committee on Nomination recommended the election of the following officers. The officers are published at length in the June number Journal, pp 110, 111, 112, 113 and 115.

On motion the report of the Nominating Committee was received unanimously and on motion it was unanimously adopted.

The Congress then proceeded to the election of officers, and on balloting the officers recommended by the Nominating Committee were balloted for and declared duly elected; Dr. J. Mount Bleyer and Samuel Bell Thomas, Esq., acting as Tellers.

Mr. Bell announced the death of Honorary Vice-President, Chief Justice George P. Andrews, late of the Supreme Court of Connecticut, and paid a tribute to his life and career.

Mr. Bell also announced the death of Sir Oliver Mowat, Honorary Vice-President and Lieutenant Governor of the Province of Ontario.

Also the death of Hon. Urbano Sanchez Hecheverria, Chief Justice Supreme Court, Santiago de Cuba, Cuba, and of Dr. Wyatt Johnson, of Montreal, and paid a tribute to the lives of these, our late members.

Mr. Bell stated to the Congress that he had received a written request from Dr. Henry McHatton, of Macon, Ga., and Dr. M. M. Smith, of Austin, Texas, late members of the Council, both of whom expressed their full sympathy with the action of the Executive Committee, but requested that for private reasons they preferred not to be re-elected members of the Council, and asked as a favor that their request be complied with.

Mr. Clark Bell also declined a re-election as Fifth Vice-President.

Mr. Ellinger then moved, as the sense of the Congress, that the next meeting of the body be held in 1904, in St. Louis, Mo., and that the officers of the Council and the Executive Committee be charged with designating the time and place, and to make all necessary arrangements to make the next session successful.

The Chair announced that the Council would meet immediately after the adjournment of the Congress. On motion the Congress adjourned sine die subject to a call of the Council.

CLARK BELL, Acting President.

SAMUEL BELL THOMAS, Secretary.

AMERICAN CONGRESS ON TUBERCULOSIS.

At a special meeting of the Executive Officers held in the City of New York, No. 39 Broadway, pursuant to call, Clark Bell, Esq., Chairman of Executive Committee in the chair, and Samuel Bell Thomas, Esq., acting as Secretary. The following action was taken:

2. That the following names be stricken from the roll of officers as published in June number Medico-Legal Journal, viz:

Vice-President at Large:

Henry B. Baker, M. D., of Lansing, Mich.

E. P. Lachapelle, M. D., of Montreal, Quebec.

Cressy L. Wilbur, M. D., of Lansing, Mich.

Dr. U. O. B. Wingate, of Milwaukee, Wis.

as being erroneously included through inadvertence, none being members of the body in 1902, and notice given of this action to the parties. That Dr. Frank P. Norbury's declination of the said office be accepted, and that Peter H. Bryce, M. D.'s name be stricken from the office of Vice-President from the Province of Ontario, as his declination was intended by him to extend to this office, and its continuance was an accidental mistake.

3. It was, on motion, resolved and carried unanimously, that the foregoing vacancies be at once filled by the Chairman of the Executive Committee and the President, and all other vacancies occurring in any office of the body by death resignation, declination or otherwise.

4. The Chairman laid before the Board of Executive Officers the correspondence, or copies of the same, between himself on consultation with the President and the Hon. John Hay, Secretary of State, and the Presidents of the Republics in Central and South America, Mexico and the Republics in American water in the West Indies, and on motion the same was duly approved, and that full authority was given the Chairman acting in consultation with the President, to continue said action and correspondence for the purpose of securing the co-operation of said countries, and all countries on the Western Hemisphere, or in American waters, as would best promote the interests of this body.

5. That the Chairman, on consultation with the President, be further authorized and empowered to invite eminent and distinguished men from foreign countries to contribute to the discussion and participate in the work of this body, as was done in the Congress of 1902, and with foreign bodies or organizations, to induce their co-operation, and to that end empower and appoint additional Honorary Presidents and Vice-Presidents at large from States, Provinces and countries in pursuance of the previous policy of this body in 1902, and prior thereto.

6. It was further unanimously Resolved, That the said officers take active measures to fill all vacancies in Vice-Presidencies of States, Provinces and countries according to the settled policy of

this body as carried on in 1902, to the end that at least one lawyer or layman, and at least two physicians, so far as is feasible and practicable, be named in each State, Province and country on both the Continents of North and South America, and in the islands in American waters.

That this action be signed by the several Executive Officials, and that all new officials named as Honorary or Actice Officers, be announced in the Press, except the confidential advisory consultants first above named.

E. J. BARRICK, President.

CLARK BELL, Chairman Ex. Com.

M. ELLINGER, Chairman of Council.

SAMUEL BELL THOMAS, Secretary.

SESSION OF OCTOBER 3rd, 4th AND 5th, 1901, AT THE WORLD'S FAIR, ST. LOUIS.

Dear Colleague ;—At a meeting of the Council of the American Congress on Tuberculosis, a resolution was adopted, unanimously fixing the annual dues of the Congress of 1903, at the nominal sum of \$1.00, from June 4th, 1902, to June 10th, 1903.

The Treasurer was ordered to send out bills for the annual dues to every unrolled member of the Congress of 1902. If you wish to remain a member of the Congress of 1903, please remit your dues, \$1.00, and your name will be entered on the roll of members of the Congress of 1903. Those who prefer not to be so enrolled, will advise the undersigned or the Secretary.

You are also reminded that by action of the council accepting the offer of the Medico-Legal Journal, it was provided, that,

1. The Medico-Legal Journal, Vol. 21, commencing June number, 1903, will be sent to every member or delegate to the Congress of 1902, or to any new member, at half price, \$1.50, payable in advance.

2. That the Medico-Legal Journal will send, when it is completed, the Bulletin of the Congress of 1902 to every member or delegate not enrolled, not a present subscriber, at half-price, \$1.50, if paid in advance, which will include membership in the Congress of 1903, by action of the Council of the American Congress of 1903

3. Every lawyer, physician or citizen interested in the subject, in the United States, in the Republics of Central and South America, and Governments on the North American continent, and in American waters, Cuba, Haiti, San Domingo, are also invited to unite and co-operate.

Respectfully yours,

CLARK BELL, Treasurer,

And Chairman Board of Executive officers.

NOTES ON TUBERCULOSIS.

The American Congress on Tuberculosis to be held at the
Universal Exposition, at St. Louis, October
3rd, 4th and 5th, 1904.

Pullman, Wash., July 22, 1903.

Clark Bell, Esq., New York, N. Y.

Dear Sir:—I herewith accept the office of Fourth Vice-President of the American Congress on Tuberculosis. I express my appreciation for this courtesy of the Congress.

Yours very truly,

S. B. NELSON.

Forest City, Iowa, July 24, 1903.

Clark Bell, Esq., New York, N. Y.

Dear Sir:—I beg to acknowledge receipt of your favor of the 13th upon my arrival home, and hasten to say that I shall be pleased to comply with your request and act as a member of the Standing Committee of the Congress on "The Veterinary Aspects of Tuberculosis." What is the date and are there any other members from this State? I will be pleased to have you give me any other information that you think would be of benefit.

I enclose you list of names and addresses which I hope may be of some service to you. Thanking you, I am,

Yours very truly,

P. O. KOTO.

Chicago, July 29, 1903.

Samuel Bell Thomas, Sec'y American Congress on Tuberculosis.

Dear Sir:—Replying to your favor of recent date regarding the American Congress on Tuberculosis, will say that I shall be pleased to aid the cause and help it along as much as possible. I will attend the meeting in St. Louis and read a paper entitled, "Climate of the Southwest."

Very respectfully,

THOS. BASSETT KEYES.

UNIVERSAL EXPOSITION, ST. LOUIS. 1904.

International Congresses, Howard J. Rogers, Director of Congresses.

David R. Francis, President Universal Exposition.

Frederick M. Lehman, Chairman Committee Board of Directors.

Administrative Board:

Nicholas Murray Butler, LL. D., President Columbia University, New York.

William H. Harper, LL. D., President University of Chicago.

R. H. Jesse, LL. D., President University of Missouri.



SURG. GEN. R. HARVEY REED, M. D.
Vice President for Wyoming,
Rock Springs, Wy.



DR. JOHN C. SHRADER,
Iowa State Board of Health,
Vice President for Iowa.

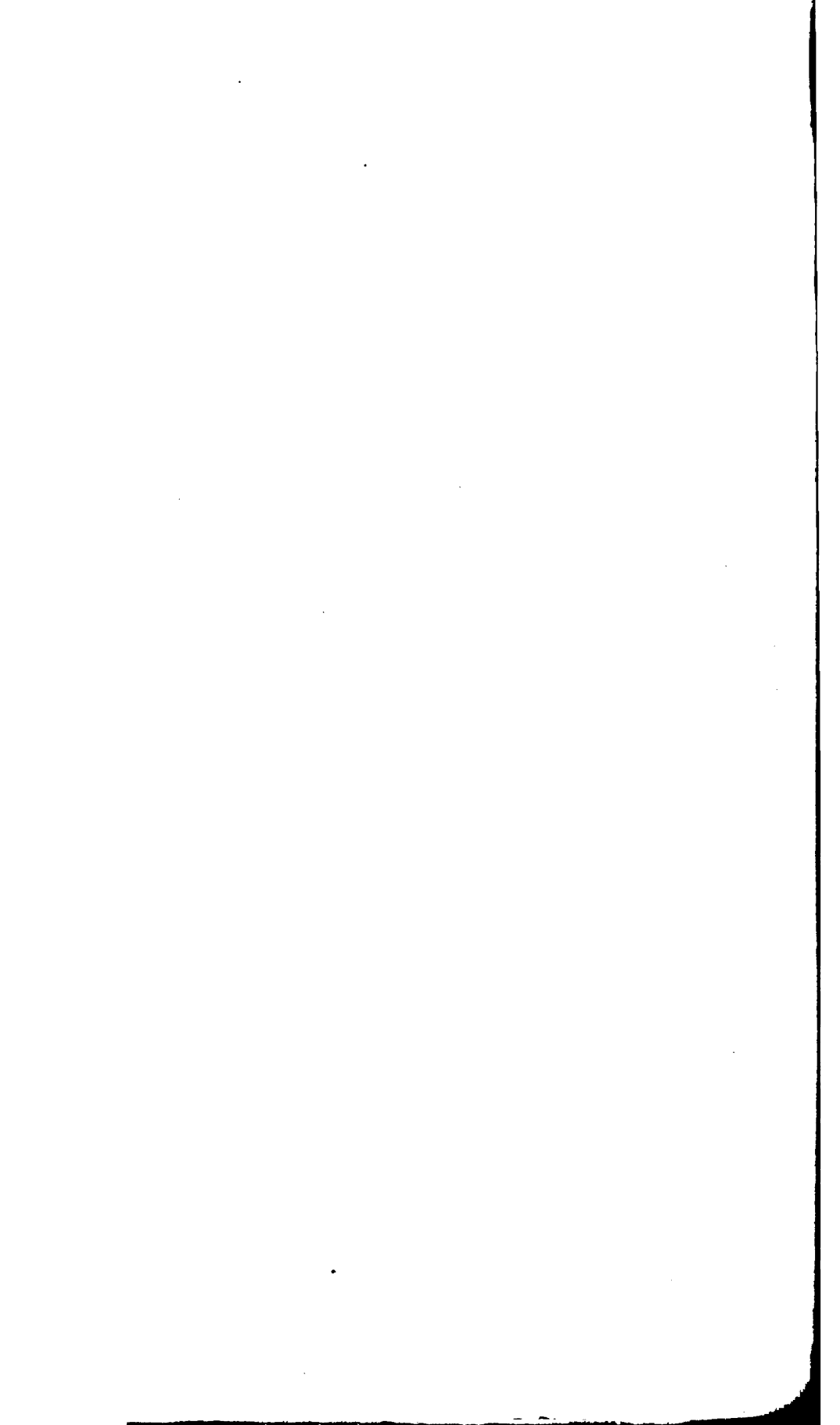


DR. DANIEL CLARK,
Supt. Provincial Hospital for Insane,
Vice President for Ontario.



DR. C. W. OVIATT,
Vice President for Wisconsin,
Oshkosh.

**VICE PRESIDENTS OF STATES AND PROVINCES,
AMERICAN CONGRESS ON TUBERCULOSIS.**



Henry R. Pritchett, LL. D., President Massachusetts Institution of Technology.

Herbert Putnam, Litt. D., Librarian of Congress.

Frederick J. V. Skiff, Director Field Columbian Museum.

Frederick W. Holls, D. C. L., Member Hague Tribunal.

Congress of Arts and Science.

Simon Newcomb, LL. D., President, Washington, D. C.

Hugo Muensterberg, LL. D., Harvard University; Albion W. Small, LL. D., University of Chicago, Vice-Presidents.

St. Louis, August 11, 1903.

Mr. Samuel Bell Thomas, 290 Broadway, New York City.

Dear Sir:—In furtherance of the matter of the International Congress on Tuberculosis in 1904, I am in receipt of a communication from the Acting Secretary of State, enclosing copy of a letter from Mr. Clark Bell, Chairman of the Executive Committee of the American Congress on Tuberculosis, concerning the next annual meeting of that body at St. Louis in 1904.

I beg to state that we are in hearty accord with the object which the Congress aims to promote, and I shall be very glad to include it in our list of international congresses should this be the desire of those who are prompting the next American Congress. I should presume that it would accord with your plans to give next year's congress international features. Similar arrangements are being made by such bodies as the Electrical Engineers, the Civil Engineers, etc., and the mode of procedure is as follows:

Upon notification from your Executive Committee that you desire the Congress on Tuberculosis included in our official and international series, and that in your opinion there is an interest strong enough to warrant such a Congress being held, and that the American Society will support, promote and maintain such International Congress, we shall be glad to include it in our list and will afford you the same privileges for meetings and accommodations which we give to all other International Congresses.

In order that the procedure may be analogous to the other congresses, we should require that a Committee of Organization of the International Congress be appointed, which Committee we shall be glad to name upon recommendations from your Executive Committee, and which would presumably include the members of your Executive Committee. You would then have an official status from our standpoint and at the same time be representatives of the American Society. The date of the Congress should also be a matter for early consideration, as we have already assigned a great many weeks of our Exposition to congress use.

Very respectfully yours,

HOWARD J. ROGERS.

CALIFORNIA.

Dr. N. K. Foster, Secretary of State Board of Health of California, accepts the position of Vice-President for that State.

The following is his letter of acceptance :

"Sacramento, Cal., Sept. 2, 1903.

Clark Bell, 39 Broadway, New York City, N. Y.

Dear Sir — Yours of recent date is before me. I will accept the position of Vice-President of California which you have so kindly offered.

Tuberculosis is a question in which we are greatly interested on this coast, and I will endeavor to have the State represented at your next Congress in 1904.

Find enclosed a Postoffice check for \$1.50 for membership, etc.

Yours, very truly,

N. K. FOSTER, M. D., Sec'y State Board of Health."

MANITOBA, DOMINION OF CANADA.

The President, Dr. E. J. Barrick, announced the selection or appointment of His Worship Mayor John Arbuthnot, Mayor of Winnipeg, and Hon. J. A. M. Aikens, King's Counsel of Winnipeg, as Vice-Presidents for the Canadian Province of Manitoba, and we submit their letters of acceptance :

"Toronto, Winn., Sept. 16, 1903.

E. J. Barrick, Esq., M. D., President American Congress on Tuberculosis.

Dear Sir :—I beg to acknowledge receipt of your letter of the 29th ult., advising of my appointment to the office of Vice-President for Manitoba, by the Executive Officers of the American Congress on Tuberculosis, and to say that I am pleased to accept the honorary position.

Yours faithfully,

JOHN ARBUTHNOT, Mayor."

"Winnipeg, Man., Sept. 16, 1903.

DR. E. J. Barrick, President of the American Congress on Tuberculosis.

Dear Sir .—I am in receipt of your letter of the 29th August last, advising me of my appointment as Vice-President for the Province of Manitoba of the American Congress on Tuberculosis, and shall have much pleasure in acting as such.

Yours truly,

J. A. M. AIKENS.

MISSOURI.

The State of Missouri leads the column of States that names her delegates to the St. Louis Congress on Tuberculosis for 1904.

Governor Dockery is wide awake and it is both meet and proper that St. Louis should be backed by her Governor and by the State of Missouri.

We have received the following letter and hold back the Journal to publish it :

Office of the Governor }
State of Missouri, }

City of Jefferson,
A. M. Dockery, Governor.

Sept. 9, 1903.

Dr. Clark Bell, Chairman Executive Committee, New York, N. Y.

Dear Sir:—Complying with your request of recent date, I have appointed the following named delegates to represent the State of Missouri at the American Congress of Tuberculosis, which convenes in the City of St. Louis in October, 1904.

Dr. F. J. Lutz, St. Louis.	Dr. B. G. Dysart, Paris.
Dr. Herman Tuholske, St. Louis.	Dr. A. W. McAlester, Columbia.
Dr. N. J. Pettijohn, Brookfield.	Dr. D. T. Powell, Thayer.
Dr. R. H. Goodier, Hannibal.	Dr. J. A. B. Adcock, Warrensburg.
Dr. W. L. Ray, Kansas City.	Dr. M. M. Hamlin, St. Louis.
Dr. G. S. Hardin, Marshall.	Dr. C. B. Fulbright, St. James.
Dr. U. S. Wright, Fayette.	Dr. J. J. Norwine, Poplar Bluff.
Dr. S. A. Proctor, Doniphan.	Dr. C. H. Riggs, Middletown.
Dr. R. E. Wills, Neosho.	Dr. G. P. True, Aurora.
Dr. C. R. Woodson, St. Joseph.	Dr. G. M. Moore, Linn Creek.
Dr. J. F. Robinson, Nevada.	Dr. W. H. James, Springfield.
Dr. J. W. Smith, Fulton.	Dr. Charles Pipkin, Gallatin.
Dr. F. L. Keith, Farmington.	Dr. J. I. Anderson, Warrensburg.
Dr. L. A. Thompson, Marshall.	Dr. E. F. Yancey, Sedalia.
Dr. A. B. Miller, Macon.	Dr. E. H. Miller, Liberty.
Dr. J. D. Griffith, Kansas City.	Dr. Chas Wood Fassett, St. Joseph.
Dr. J. T. Thatcher, Oregon.	Dr. C. B. Elkins, Jefferson City.
Dr. W. F. Morrow, Kansas City.	Dr. C. A. Geben, Kirksville.

Respectfully,

A. M. DOCKERY,
Governor.

The following invitations have been sent to all foreign governments in the Western hemisphere:

New York, August, 1904.

Honored Sir:—The Executive Officers of the American Congress on Tuberculosis esteem it a high honor to extend to the men of Science of the legal and medical professions and laymen interested in the subject in your country, through your Government, a cordial invitation to unite in the Congress this body has decided to hold at the Exposition announced to be held October 2, 3 and 4. in St. Louis, U. S. A., in 1904. We respectfully request that your Government be represented at that Congress by at least three delegates, and more if convenient.

We shall also feel under great obligations if you advise us of the names and addresses of the delegates selected, and of such organizations, officials and public-spirited citizens of your country as you believe would take an interest in the discussions upon a subject of such common interest to the human race as the prevention and arrest, so far as possible, by legislative action of its further spread.

We enclose some circulars we are sending out.

We remain, Sir, with distinguished consideration,

Very faithfully yours,

E. J. BARRICK, M. D.,
President.

CLARK BELL, LL. D.,
Chairman Executive Committee and Treasurer.

MORITZ ELLINGER, ESQ.,
Chairman of Council.

SAMUEL BELL THOMAS,
Secretary.

Washington, August 31, 1903.

Clark Bell, Esq., Chairman of the Executive Committee of the American Congress on Tuberculosis, 39 Broadway, N. Y.

Sir:—In compliance with the request made in your letter of the 17th instant, I enclose herewith a list of Colonial Governors in this Hemisphere. The list is correct, so far as is known to the Department. I am, Sir,

Your obedient servant,

T. B. LOOMIS,
Assistant Secretary.

NAMES AND ADDRESSES OF COLONIAL GOVERNORS.

Bermudas—Lieut.-General Sir H. Le G. Geary, K. C. B., Hamilton, Bermuda.

Falkland Islands—William Grey Wilson, C. M. G., Port Stanley.

British Guiana—Sir James Alexander Swettenham, K. C. M. G., Georgetown.

British Honduras—Colonel Sir William David Wilson, K. C. M. G., Belize.

Bahamas—Sir Gilbert T. Carter, K. C. M. G., Nassau.

Barbadoes—Sir Frederick Mitchell Hodgson, K. C. M. G., Bridgetown.

Jamaica—Sir Augustus Hemming, K. C. M. G., Kingston.

Leeward Islands—Sir Gerald Strickland, K. C. M. G., St. John's, Antigua.

Trinidad—Sir Cornelius Alfred Molony, K. C. M. G., Port of Spain.

Windward Islands—Sir Robert Baxter Llewelyn, K. C. M. G., St. George, Granada.

Dutch Guiana—C. Lely, Surinam.

Curacoa—J. O. de Jong van Beeken Donk, Curacoa.

Danish West Indies—Colonel C. E. de Hademann, St. Thomas.

Guadeloupe—C. A. Rognon, Basse Terre.

French Guiana—Joseph Francois, Cayenne.

Martinique—Lemaire, Fort de France.

The following is a copy of the invitation sent to the Governors of American States who are now Honorary Vice-Presidents of the body, and who made appointments of delegates to the American Congress on Tuberculosis of 1902, in each of which was enclosed also a copy of the three circulars and a letter from the Chairman of the Executive Committee:

New York, 1903.

Honored Sir:—The American Congress on Tuberculosis on June 4, 1902, re-elected you one of its Honorary Vice-Presidents.

At the Annual Meeting of the body, June 11, 1903, held at the City of New York, you were unanimously re-elected Honorary Vice President of this Council of 1903.

The entire body by unanimous vote directed the Council to make full preparation for the American Congress on Tuberculosis to be held at the World's Fair in St. Louis in 1904, and the officers of the World's Fair, in hearty accord with the work of this Congress, have fixed on October 3, 4 and 5, 1904, as the date of the meeting.

Unusual preparations are being made to invite the Governments on the Continents of North and South America, the Republics in the West Indies, Cuba, the English, French and Dutch Guianas and British Honduras, acting under the direct sympathy of the State Department of the Government of the United States.

Your cordial coöperation in the work of the Congress of 1902, largely contributed to the success of the Congress of 1902. You are asked to accept this Office and to name not less than thirteen delegates, nor more than thirty-five to represent your State at the forthcoming Congress.

You are asked to designate them early to enable them to send suitable papers and contributions to the work of the body. The sympathetic letters of the Governors of American States lent great weight and character to the work of the Congress of 1902, and it is desired that you send us your brief views in support of the effort to educate the public mind to support and adopt public legislation of a preventive character to avert so far as possible the spread of consumption, which has been well called the scourge of the race. If you could make an address at the opening ceremonies, we should be glad to announce it.

Early action in naming the delegates will aid the movement.

Very respectfully yours,

By order of the Council and Governing Officers,

E. J. BARRICK, M. D.,
President.

CLARK BELL,
Chairman Executive Committee.

SAMUEL BELL THOMAS,
Secretary.

To the Honorable

Governor of

The following invitation was sent to all the remaining Governors of the States and Territories of the American Union and Dependencies; to the Lieut. Governor of the Dominion of Canada, and to all foreign countries in the Western Hemisphere, in American waters, and to the States in foreign Governments, in the Republics of Central and South America and of Mexico, with the circulars and other literature, and a letter from the Chairman of the Executive Committee:

Honored Sir:—I have the honor, by the authorization of our Executive Officers, to ask your coöperation and active sympathy, in the work of this body, in promoting the Congress to be held at St. Louis, October 3rd, 4th and 5th, 1904.

I am instructed to ask you to lend the great weight of your name and official position, to aid in the elucidation of the problems surrounding the question, of how to arrest by preventive legislation the spread of consumption; and how far wise and careful legislation can aid in securing the best results.

Many of the Executives in our States have lent their wisest and best directed efforts, as well as their names and influence, to the solution of these questions.

I am directed to ask if you will accept an Honorary Vice-Presidency in this Congress. If you will send us a short letter expressing your sympathy in the work we are undertaking, you will render a public service. Your influence in a campaign which must needs be one of education, is very great, and we ask you to exert it for the public good.

Send me also a good photograph of yourself. I send you herewith some literature of the movement and should be glad to send you the current number of the Medico-Legal Journal, which will, I am sure, interest you. We should be greatly honored if you would make a short address at the opening ceremonies; if unable to do so, would be glad if you would contribute your views for the use of and to be presented to the Congress and published in its transactions. At the Congress of 1902 a large number of delegates were appointed by Governors of States, Lieut.

Governors of Provinces and Colonies, and by the Governments of Countries, to attend the Congress, and we should be glad if you would name delegates early, to enable them to prepare papers to be presented at the Congress, or to take part in the discussion that will be formulated for the session. Some of the Governors appointed thirty delegates, and at least nine should be named.

The management of the St. Louis Exposition of 1904 have placed the Congress in their list of International Congresses and evinced the greatest interest in its success; and with the full knowledge and approval of the Government of the United States.

All the Governments in the countries in the Western Hemisphere have been invited to send at least three delegates each; which embraces the Republics of Central and South America, Mexico, the Dominion of Canada, New Foundland, Cuba, Haiti, San Domingo, and the Colonial Governments of England, France, Denmark and Holland in the West Indies and South America.

We shall send you also shortly the letters of the Government of the United States, expressive of its deep interest in the movement and its instructions to the American Ambassadors and Ministers to further the wishes of our management in sending Delegates and bringing the subject to the attention of men of science in all these countries.

Hoping for an early and favorable reply, I remain, in behalf of the officers of the Congress,

Very Faithfully Yours,

CLARK BELL,
Chairman Executive Committee.

To the Honorable

Governor of

New York, September 21, 1903.

To the Officers, Delegates and Members of the American Congress on Tuberculosis:

It affords the Executive Officer of the American Congress on Tuberculosis great pleasure to announce the reception of the following letter from the Government of the United States, Department of State:

"Department of State, Washington, D. C., Sept. 18, 1903.

Clark Bell, Esq., Chairman Executive Committee American Congress on Tuberculosis, 39 Broadway New York City,

Sir:—I have to acknowledge the receipt of your letter of the 31st ult., and to inform you that the Instructions to the Diplomatic Officers of the United States, accredited to the Central and South American States, Mexico, Haiti and San Domingo, have been sent in the language of the draft submitted to you on August 29th, but amended in the particular suggested in your letter under acknowledgment.

Instructions in the same tenor with regard to the British, French, Dutch and Danish Colonial Governments have gone to our Ambassadors at London and Paris, and our Ministers at the Hague and Copenhagen respectively.

In the hope that these instructions will result in a full representation by American States and Colonial Governments at the Congress on Tuberculosis at St. Louis next year, I am, Sir,

Your obedient servant,

ALVEY A. ADEE, Acting Secretary."

"Department of State, Washington, D. C., Aug. 29, 1903.

Clark Bell, Esq., Chairman of the Executive Committee of the American Congress on Tuberculosis, 39 Broadway, New York,

Sir:—Referring to the correspondence which the Department has recently had with you concerning the desire of the Committee on Organization of the proposed American Congress on Tuberculosis, to be held at St. Louis in October, 1904, to have this Government give its support to the invitation which the Committee has addressed to each American Government to be represented at the Congress, I enclose herewith a

draft of an instruction to each diplomatic representative of the United States in the Western hemisphere. The Department will be pleased to consider any changes in, or additions to the draft you may suggest. I am, Sir,

Your obedient servant,

F. B. LOOMIS, Assistant Secretary."

The Chairman of the Executive Committee felt that it was impossible to improve upon the admirably prepared proposed instructions, but suggested as an amendment the omission of a single clause in a portion of one sentence, which the State Department concurred in, and the text of the Instructions and the accompanying papers as sent is as follows, after the amendment suggested :

"Sir:—The Department is informed by Mr. Mr. Howard J. Rogers, Director of International Congresses of the Universal Exposition to be held in St. Louis in 1904, that the American Congress on Tuberculosis has been placed on its list of official congresses and that the dates for said congresses will be October 3, 4 and 5, 1904.

The Department is also advised by Mr. Clark Bell, Chairman of the Committee of Organization of the Congress that the Executive Committee and Officers of the Congress have sent to the Government of each American country an invitation for official representation by its Government, in the Congress; and the request is made of the Department to give such support to the invitation as it properly may.

The humanitarian object which this Congress has in view to reach, by the discussion of scientific men, some result in arresting the spread, and averting so far as it may be found possible, the ravages of this dreadful disease which now falls with such terrible force and fatality upon the people of the Western hemisphere, cannot but enlist the sympathy and approval of the Government to which you are accredited.

The Department will, therefore, be pleased to have you say to that Government that this Government is in entire sympathy with its work and would be pleased to learn that the Government of..... took a like interest in its success by the acceptance of the Committee's invitation, and the appointment of three or more scientific gentlemen to represent it at the Congress.

This Government would also be pleased if that of..... could find it convenient to comply with the request of the Committee to give the matter publicity in order that it may come to the knowledge of interested organizations and public-spirited citizens of that country. I am, Sir,

Your obedient servant,

....."

This splendid expression of the sympathy of the Government of the United States insures a cordial reception of our work in the nations of the Western hemisphere.

The Governor of Missouri has made the appointment of thirty-six delegates to represent that great State at whose chief city it will be the host of the delegates from all parts of the entire Western hemisphere. The State Board of Health of that State has already named its delegates to that Congress.

The State Medical Society of Georgia has already selected and named its delegates to attend that Congress, and while this State has no Board of Health steps have been taken to secure a suitable and representative delegation from a State that has been among the foremost in its support of the efforts of this body.

The remaining Governors of the American States will be also invited and the invitation has been delayed until the Government of the United

States had taken this splendid and sympathetic action, which evinces and illustrates the paternal policy of our Government in aiding every effort for the protection of the health and the lives of our people when menaced from any form of disease that Science has found to be communicable and preventable.

We assure you that every indication now points to a great meeting at the sessions of the American Congress on Tuberculosis at the World's Fair at St. Louis in October, 1904, and we invite the coöperation of every philanthropic mind and the accession of men of the medical profession, as well as those of the law, judges, jurists and students of every branch of scientific inquiry who can in any way aid in securing preventive legislation in aid of our work.

E. J. BARRICK, M. D.,
President.

CLARK BELL,
Chairman Executive Committee and Board of Officers.

MORTZ ELLINGER,
Chairman of Council.

SAMUEL BELL THOMAS,
Secretary.

Mr. Clark Bell, Dundee, N. Y.

Dear Sir:—Your telegram of the 21st received this morning, and in accordance therewith I have reserved for the International Congress on Tuberculosis October 3, 4 and 5, 1904, for the date of their meeting. I have also notified the Department of State to that effect.

Yours respectfully,

HOWARD J. ROGERS.

The following formal invitations have been sent to the following Foreign Governments:

The Presidents of all the Republics of Central and South America, Mexico and Cuba, Haiti and San Domingo. To the Dominion of Canada to New Foundland, and to the Colonial Governors of all foreign colonies, in South America and to all the Danish, Dutch, English and French Colonial Governors in American waters on the Western Hemisphere; intending to ask all Governments of all Foreign Governments of North and South America and in the Eastern and Western Hemispheres to unite in and coöperate in the labors of the body.

New York, August, 1903.

Honored Sir:—The Executive Officers of the American Congress on Tuberculosis esteem it a high honor to extend to the men of Science of the legal and medical professions and laymen interested in the subject in your Country through your Government, a cordial invitation to unite in the Congress this body has decided to hold at the Exposition announced to be held at St. Louis, U. S. A., in 1904. We respectfully request that your Government be represented at that Congress by at least three delegates, and more if convenient.

We shall also feel under great obligations if you advise us of the names and addresses of the delegates selected, and of such organizations, officials and public spirited citizens of your country as you believe would take an interest in the discussions upon a subject of such common interest to the human race as the prevention and arrest so far as possible, by legislative action, of its further spread.

We enclose some circulars we are sending out.

We remain, Sir, with distinguished consideration,

Very faithfully yours,

E. J. BARRICK, M. D.,

President.

CLARK BELL, LL. D.,

Chairman Executive Committee and Treasurer.

MORITZ ELLINGER, ESQ.,

Chairman of Council.

SAMUEL BELL THOMAS,

Secretary.

To the Honorable

President of the Republic of

New York, August, 1903.

Honored Sir :—I have the honor to transmit to you the enclosed invitation and accompanying documents and papers.

I also mail you the "Medico-Legal Journal" of June, 1902, Vol. XX., No. 1., and call your attention to pp. 53 and 86, 87 *et seq.* You will find copies of the letters from the American Government, Department of State, to the Officers of the Congress, stating, "That the Ambassador and the Ministers to the Central and South American States have been instructed to express to those Governments the pleasure with which that of the United States would learn that they found it convenient to be represented in that Congress, and that the British Ambassador had been asked to make known to the Governments of Canada and Newfoundland, the value which the American Congress on Tuberculosis sets upon representations by those Governments at the coming session of the Congress, etc.

I shall take pleasure from time to time to forward to your Excellency any additional papers sent out by the Congress to your representatives at the seat of the Government of the United States, regarding the proposed Congress, its date, programme, etc., and to yourself and such officials or persons as you may name to me, with the view of obtaining contributions of papers, to be read before the Congress.

I shall also be glad to receive from your Excellency a good photograph so that it may be reproduced for the "Bulletin" and other publications of the American Congress on Tuberculosis, and in the "Medico-Legal Journal," which is its official organ.

I remain with high personal regards,

Very faithfully yours,

CLARK BELL,

Chairman Executive Committee.

To the Honorable

Governor of the

Authority has been conferred on the Executive officers to invite eminent savants and scientists from Foreign countries to contribute to and attend the Congress—and this will be done—and a very few have thus far been invited quite recently.

That eminent man, and one of the honorary members of the Medico-Legal Society, Prof. Dr. Maurice Benedikt, has accepted and will attend the Congress. His paper will be "The Toxine of Tuberculosis." The names of those who accept or the titles of papers they contribute, will be announced later.

The roll of members of the Congress of 1903 has been opened at \$1.00 per annum dues, and members are subscribing and placing their names on the roll.

At the annual meeting of the American Congress on Tuberculosis held June 11, 1903, in the city of New York, more than a majority of all the enrolled members of the Congress of 1903, were present or represented by written proxies, so that the action taken, and the officers elected, were chosen by an actual majority of all the qualified members of all Congress.

The Honorary Vice-Presidents were re-elected except where death had occurred, and the Vice-Presidents of States and Vice-Presidents at large, were in some instances re-elected, without any opportunity given them of accepting or declining these positions.

This was unavoidable, but all have since the election had notice and have been requested to decline if they wished to do so, so that their places could be filled by active workers of the Congress, and who were in sympathy with its action and labors. Only a few have thus far declined the positions to which they were elected.

The vacancies thus created, have been filled, as follows:

First Vice-President of the body, Dr. F. E. Daniel, Editor Texas "Medical Journal," vice Dr. Peter H. Bryce, declined.

Vice-Presidents-at-Large, Dr. W. F. Morrow, of Kansas City, Mo., Secretary State Board of Health of Mo., vice Dr. E. P. Lachapelle, of Montreal, who declined re-election.

Dr. John H. Simon, Health Commissioner of St. Louis, vice Dr. Frank P. Norbury, of Jacksonville, Ill., who declined re-election.

THE DOMINION OF CANADA.

The following Vice-Presidents of the American Congress on Tuberculosis have been appointed since the annual meeting :

Hon. Vice-President—Dr. T. G. Roddick, M. P., Montreal, Quebec.

Vice-Presidents-at-Large—Dr. W. P. Caven, Toronto, Ontario; Dr. Daniel Clark, Toronto, Ont., (vice Henry B. Baker, not qualified); Dr. R. M. Powell, Ottawa, Ont., (vice William F. Meir, (not qualified); Dr. W. H. Moorehouse, London, Ont.

Vice-Presidents of Provinces—D. A. A. MacDonald, Toronto, Ont.; Dr. J. A. Robertson, Stratford, Ont.; Mayor Adam Beck, London, Ont.; Mayor James Cochran, Montreal, Quebec; Mayor W. W. White, St. Johns, N. B.; Charles J. Coster, St. Johns, N. B.; Mayor John Arbuthnot, Winnipeg, Manitoba; Dr. H. B. Chown, Winnipeg, Man.; Dr. J. A. M. Aikens, Esq., K. C., Winnipeg, Man.; Dr. J. D. Laferty, Calgary, North West Territories; Dr. G. A. Kennedy, McLeod, N. W. T.; Rev. Dr. J. C. Herdman, Calgary, N. W. T.; Dr. C. J. Fagan, Victoria, British Columbia; Rev. Laslie Clay, Victoria, B. C.; Dr. S. T. Turnstall, Van Couver, B. C.

New York, Sept. 1903.

To Officers and Members of State Medical Associations or Other Medical Bodies or Associations interested in the Prevention of Tuberculosis.

Gentlemen :—The Governing Council of the American Congress on Tuberculosis have authorized and directed the undersigned to invite each member of your body to co-operate with this body in a Congress to be held at St. Louis, October 3, 4, and 5, 1904, and if you will contribute a paper to be read before the body or any of its Sections, to send the title of the same to the undersigned.

We have also been instructed to ask your organization to appoint at least three delegates to represent your association at such congress, and advise us of the names and addresses of such delegates. This invitation is extended to every State, Territory and dependency of the American Union; to the citizens of every Government in Central and South America, Cuba, Haiti, San Domingo, Mexico, the Dominion of Canada; New Foundland and the English, French, Danish and Dutch Colonial Government in the West Indies and South America. An early reply will be appreciated.

Respectfully yours,

E. J. BARRICK, M. D., President,
Toronto, Ontario.

Samuel Bell Thomas, Secretary,
116 Nassau Street, New York City.

New York, September, 1903.

To Officers and Members of the Boards of Health, State, Provincial and Municipal.

Gentlemen :—The Governing Council of the American Congress on Tuberculosis by resolution has directed the undersigned to invite each member of your Board to co operate with this body in a congress to be held at St. Louis, on October 3, 4 and 5, 1904, and if you will contribute a paper, to be read before the body or any of its Sections, to send the title of the same to the undersigned.

We also have been instructed to ask all Boards of Health in States and cities of the American Union, and in foreign countries, who take an

interest in the subject and work of the Congress, to appoint at least three delegates to represent the Board of Health at such congress, and advise us of the names and addresses of such delegates. An early reply will be appreciated.

Respectfully yours,

E. J. BARRICK, M. D., President,
Toronto Ontario.

Samuel Bell Thomas, Secretary.
116 Nassau St., New York City.

New York, August 15th, 1903.

Howard J. Rogers, Director of Congresses, St. Louis Exposition of 1904.
Dear Sir:—Your letter of 11th August sent to Samuel Bell Thomas, our Secretary has been sent to me to answer.

I should feel obliged if you would send to me a copy of the communication to which you refer sent you by the Acting Secretary of State concerning our meeting in St. Louis in 1904.

I suppose you have received from that Officer copies of the letter sent by myself to the Hon. John Hay, Secretary of State and of the official letters of Invitation sent to the Governments of Central and South America, Mexico, the Dominion of Canada; Newfoundland and of Cuba, Hayti and San Domingo. If not I shall take pleasure in sending you a copy.

I have also the honor to send you copy of a letter received by me from Allen F. Cockrill on 7th of August, the Washington Representative of the Louisiana Exposition of 1904 who has taken a kindly interest in aid of our Congress.

I have also received a communication from the Acting Secretary of State, expressing a wish that we include Cuba, Haiti, and San Domingo, fearing that they had been omitted in our plan which was an error, and I have replied asking that they be included, and also suggesting that it embrace every Government in the Western Hemisphere, suggesting also the Dutch and British Colonies of New Guinea and the American Dependencies of Porto Rico, Hawaii and the Philippines.

We are de'lighted at the kind interest you are pleased to take in aid and furtherance of the proposed Congress in St. Louis in 1904 and that you will include it in your list of International Congresses which we greatly desire you should do.

There can be little doubt of the interest felt in the movement and its strength.

I send you herewith the full and complete list of its officers, and when the Standing Committees are organized these will be furnished you. The Chairmen have been already selected, and time is taken solely to strengthen the personnel of these Committees by careful and judicious selection of names.

You should understand that this body was organized in 1900 and has held four annual meetings. I was secretary and treasurer of the body at its organization and for the first three Annual Sessions, and it was at my request that the Government of the United States lent its support and influence to the Congress of 1902 which was represented by several of the Governments by delegates, and which has been international so far as the Continents of North and South America was concerned from the outset, and the Islands in American Waters.

I had already applied to you to fix the dates of our meeting in September, 1904, and fear that my letter did not reach you and so sent you a duplicate copy of my letter in this regard yesterday.

As to the Executive Committee of this organization it is composed as follows:

Clark Bell, LL., D., Chairman, 39 Broadway, New York, President Medico-Legal Society of New York.

A. L. Bell, M. D., Editor "Sanitarian," Honorary President of the Congress, Brooklyn, N. Y.

E. J. Barrick, M. D., President of the American Congress on Tuberculosis, Toronto, Ontario.

Hon. Moritz Ellinger, Corresponding Secretary of the Medico-Legal Society and Chairman of the Governing Council.

Ex-Judge Abram H. Dailey, Honorary President of the Council, Brooklyn, N. Y.

J. Mount Bleyer, M. D., of New York City.

Samuel Bell Thomas, Esq., of 116 Nassau Street, N. Y. City.

I am of the opinion that a Committee of Organization, such as you suggest, should be larger than our Executive Committee in numbers for reasons which you will, I hope, concede. Our Executive Committee is a working body and it would be wise to add some names and if agreeable to you, to submit some additional names of our leading representative men and some that would I think act if named by you. Of the former I suggest:

Dr. A. P. Grinnell, Burlington, Vermont.

Dr. Charles K. Cole, Helena, Montana.

Hon. A. G. Blair, Ex-Minister of Railways and Canals, Ottawa, Canada.

Dr. J. H. Dunavant, State Board of Health, Vice-President of Congress, Little Rock, Arkansas.

Prof. Dr. C. H. Hughes, Honorary President of Congress, St. Louis, Mo.

Dr. J. N. Hurty, Vice-President of Congress, State Board of Health of Indiana, Indianapolis.

Dr. Wm. F. Morrow, Secretary State Board of Health, Kansas City, Mo.

Dr. T. G. Roddick, M. P., Vice-President of Congress, Montreal, Can.

William F. Brunner, M. D., Vice-President of Congress, Savannah, Ga.

Col. E. Chancellor, M. D., Vice President of Congress, St. Louis, Mo.

T. L. Barber, M. D., Charleston, West Va.

Dr. W. F. Dreyry, Petersburg, Va.

Hon. Sen. W. C. Edwards, Honorable Vice President of the Congress, Ottawa, Can.

Dr. F. E. Daniel, First Vice President of Congress, Austin, Texas.

Dr. John N. Hall, State Board of Health, Denver, Col.

Hon. J. M. Emmert, M. D., State Senator and Vice President of Congress, Atlantic, Iowa.

Dr. John H. Simon, Health Commissioner, St. Louis, Mo.

Dr. G. R. Tabor, State Health Officer, Austin, Texas.

Dr. W. B. Outton, Chief Surgeon, M. P. System, St. Louis, Mo.

His Worship, Mayor Beck, of London, Ontario.

Dr. William Bayard, Vice President of the Congress, St. John, New Brunswick

Dr. Charles Hicks, Vice President of the Congress, Dublin, Georgia.

Dr. R. F. Graham, Vice President of Congress, Greeley, Colorado.

Prof. J. J. Kinyoun, Glenolden, Pa.

Dr. Norman Bridge, Los Angeles, Cal.

Dr. Karl Von Kuck, Asheville, N. C.

Dr. W. S. Magill, Carnegie Laboratory, New York City.

Hon. Senator Drummond, President Montreal League for Prevention of Tuberculosis, Montreal, Canada.

Prof. Dr. Thomas Bassett Keyes, Vice President of Congress, Chicago, Illinois.

Dr. B. Harvey Reed, Vice President of Congress, Rock Springs, Wyo.

T. Henry Davis, Ex-President State Board of Health, Richmond, Ind.

Dr. Louis De Roy, Vice President of Congress, Nashville, Tenn.

Dr. John S. Robinson, Chicago, Ill.

D. E. Salmon, Esq., Chief of Bureau of Animal Industry, Washington, D. C.

Prof. H. W. Wiley, Chemist, Department of Agriculture, Washington, D. C.

and perhaps others, and of the others we should be very glad if President David R. Francis, yourself, Prof. R. H. Jesse, of the University of Missouri, Dr. M. M. Hamlin, of the State Board of Health of St. Louis, the Governor of the State, who is an Honorary Vice President, Judge Jacob M. Thayer, of the U. S. Circuit Court of St. Louis, Judge E. B. Adams, of the U. S. District Court of St. Louis, District Attorney David

P. Dier, of St. Louis; Hon. William Warner, of Kansas City or any others you might name would go on. If you preferred a smaller list I would cut this one down to suit you. Let me hear from you as early as you can.

I remain, Sir,

Very faithfully yours,
CLARK BELL,
Chairman Executive Committee.

St. Louis, U. S. A., August 22, 1903.

Mr. Clark Bell, Esq., Dundee, N. Y.

Dear Sir :—Your telegram of the 21st received this morning, and in accordance therewith I have reserved for the International Congress on Tuberculosis, October 3d, 4th and 5th, 1904, for the date of their meeting. I have also notified the Department of State to that effect.

Yours respectfully,

HOWARD J. ROGERS.

August 21, 1903.

Sir :—Howard J. Rogers, Esq., Director of Congresses, telegraphs me to-day, fixing October 3rd, 4th and 5th as the dates of the American Congress on Tuberculosis, for 1904, at St. Louis Exposition, and asks me to notify you.

I have accepted these dates and ask you to take notice of same, and give me your official action, so than I can send it out to the Foreign Governments and the Press.

With great respect,

Very faithfully yours,

CLARK BELL,
Chairman Executive Committee.

To Hon. John Hay, Secretary of State,
Washington, D. C.

COPY OF THE REPLY OF B. F. STEVENS, SECRETARY UNIVERSAL EXPOSITION, ST. LOUIS, 1904.

Administration Building, St. Louis, Aug. 7, 1903.

Dear Sir:—President Francis desires me to acknowledge your letter or the third instant in regard to the American Congress on Tuberculosis.

He is in receipt of a letter from the Secretary of State of the United States, enclosing copies of letters addressed to the President of the United States, and to the Secretary of State, and other information which impresses men with the importance of this gathering.

He directs me to say that, the Exposition Management will exert itself to make this Congress one of great interest and of great benefit to humanity.

President Francis has invited attention to the Director of International Congress especially to your letter.

Respectfully,

W. B. STEVENS, Secretary.

Dr. C. H. Hughes,
2857 Olive St., St. Louis, Mo.

DEPARTMENT OF STATE, WASHINGTON.

August 14, 1903.

Clark Bell, Esq., Chairman of the Executive Committee of the American Congress on Tuberculosis, 39 Broadway, New York City.

Sir :—Referring to your letters of July 29th and August 11th, relative to the invitations you wish the Department to send out in regard to the Congress of 1904, it is noted that you do not fix the date in that year at which the Congress is to be held.

The Department also presumes from your letters that you wish the Colonial Governments in the West Indies and the Guianas invited.

These would include the British, French and Danish colonies, and British, French and Dutch Guiana, also British Honduras.

I am, Sir, Your obedient servant,

FRANCIS B. LOOMIS, Acting Secretary.

St. Louis, August 3, 1903.

Hon. Clark Bell, New York, N. Y.

Dear Sir:—The enclosed is a copy of a letter I have sent to the Hon. D. R. Francis, President Louisiana Purchase Exposition Co. Please send it after reading to Dr. Barrick and ask him to return to me stating what he thinks of it. I will have copies made and sent to persons where it will do most good if you think best.

Very truly yours,
C. H. HUGHES.

St. Louis, August 3, 1903.

Hon. D. R. Francis, President Louisiana Purchase Exposition Co., City.

Dear Sir:—It is contemplated to hold in St. Louis one of the most important associations of this or any other age, an association in which members of the medical profession and eminent representatives of the people have joined to bring about a convocation of the whole people for a united effort to stamp out the great white plague of humanity, which has brought death and destruction of family to so many of the world's best people, and sorrow to so many now living who are mourning or dreading its fatal visitation to their households.

I am in no sense a promoter of the movement, it having been set on foot by others, but the movement meets my hearty approbation as a physician and humanitarian. I hope the movement may meet with full encouragement at your hands and from your friends and colleagues, and that the contemplated meeting in St. Louis during the World's Fair, may prove fruitful through your encouragement, of great results for the salvation of a disease-imperilled human race. Such a convention for so noble a purpose ought not to leave St. Louis disappointed in its expectation of co-operation and sympathy from her people.

You are cordially invited to co-operate with this organization in any manner you may feel disposed to act. Please communicate to President E. J. Barrick, Toronto, Ontario, or to Secretary Samuel Bell Thomas, 290 Broadway, New York City, any interest you may have or any form of assistance you may feel inspired to take in this noble and praiseworthy movement.

Very truly yours,
C. H. HUGHES.

Toronto, August 10, 1903.

Dr. C. B. Hughes, 3857 Olive Street, St. Louis.

My Dear Doctor:—Mr. Clark Bell has forwarded to me a copy of your letter to Hon. D. R. Francis, President Louisiana Purchase Exposition Company.

The letter is all right and there breaks through it the spirit of enthusiasm that is needed to arouse the public from their apathy in this great humanitarian work. I trust and hope that this spirit of enthusiasm will prove to be very contagious, one that will make the Congress of 1904 one of the greatest that has yet been, and to arouse the whole people to a sense of their responsibility in this great movement. I cannot tell you how it encourages me to read such letters of eminent men like yourself.

Yours truly,
E. J. BARRICK.

St. Louis, Mo., August 18, 1903.

Hon. Clark Bell, Chairman Executive Committee,
American Congress on Tuberculosis, New York City.

Dear Sir:—I wish to accept, with profound thanks, the honor of being appointed one of the Vice-Presidents for the Tuberculosis Congress of 1904, to be held at St. Louis.

Owing to the innumerable duties connected with the Health Department, I am not quite sure whether I shall be able to contribute a paper, but if I can find time to prepare one I shall be pleased to present a paper to the Congress.

Yours very respectfully,

J. H. SIMON, M. D.

St. Louis, Mo., August 21, 1903.

Clark Bell, Dundee, N. Y.

Would prefer October 3, 4 and 5 for Congress. If these dates are satisfactory notify the Government and write me.

HOWARD J. ROGERS.

Dundee, N. Y., August 21, 1903.

Howard J. Rogers, Esq., Director of Congresses,

St. Louis Exposition of 1904, St. Louis Mo.

Dear Sir:—Your telegram received. I accept October 3, 4 and 5, 1904, as dates for our Congress. I so telegraph you. Please send me formal official letter fixing the dates so I can publish and announce it, and so I can take official action on it in my boards.

Faithfully yours,

CLARK BELL,

Chairman Ex. Com. American Congress on Tuberculosis.

Petersburg, Va., August 25, 1903.

Hon. Samuel B. Thomas,

Secretary American Congress on Tuberculosis.

Dear Sir:—I hereby acknowledge the honor conferred upon me by being elected a member of the Council of the American Congress on Tuberculosis. To those who did me this honor I extend my grateful appreciation. The question in my mind is, can I fill the position with any degree of credit to the Congress or to myself? I fear that I cannot. A more able and better qualified person should be selected for this important position. I would respectfully suggest to those in authority to look about and get a more suitable man than I am for the place. However, I am in sympathy with the objects of the Congress and will cheerfully do whatever I can to promote its success. With much respect, I am,

Very truly,

WILLIAM FRANCIS DREWRY.

St. Louis, August 13, 1903.

Mr. Clark Bell, 39 Broadway, New York City.

Dear Sir:—Your letter of August 8th at hand. In the matter of the Congress on Tuberculosis I wrote the Secretary, Mr. Samuel Bell Thomas, 290 Broadway, yesterday, and I enclose copy of my letter to him. It seems to me that the Congress should be at once put upon an international plane and placed under the auspices of an official Committee of Organization, as noted in my letter to him. This is particularly true inasmuch as the Department of State has already taken up the matter and notified us in reference to its action.

In reference to dates, you are right in your understanding that we could not place any more Congresses between September 19 and October 3. We can give you the 13th to 15th of September. . . The International Electrical Congress is on at this time, but I see no reason why we shall not be able to accommodate you both.

This fact ought, perhaps, to be known to your Committee, viz: The World's Congress of Medicine takes place September 26 to October 1, inclusive. At this Congress will be some of the most famous physicians of the world, and it might be a convenience to your members to have the Congress on Tuberculosis immediately follow this Medical Congress, and it might also be an advantage to both Congresses to act in proximity so that members of one could attend the other if they so desired. I simply make this suggestion for your consideration in case you desire to act on it. Otherwise I will hold the 13th to 15th of September as requested.

I do not think either Dr. Jesse, Mr. Lehmann or myself would act upon your Committee inasmuch as we are all concerned in the general management of the entire series of Congresses. I shall, however, be very glad to aid you in any way possible, either in the selection of local Committees, or in other ways.

I renew my advice in reference to the organization of the Congress under the Exposition series, and it seems to me that this should be done without delay.

Very respectfully yours,

HOWARD J. ROGERS.

New York, August 15, 1903.

Howard J. Rogers, Director of Congresses,
St. Louis Exposition of 1904.

Dear Sir:—Your letter of 11th August sent to Samuel Bell Thomas, our Secretary, has been sent to me to answer.

I should feel obliged if you would send to me a copy of the communication to which you refer sent you by the Acting Secretary of State concerning our meeting in St. Louis in 1904.

I suppose you have received from that officer copies of the letter sent by myself to the Hon. John Hay, Secretary of State, and of the official letters of invitation sent to the Governments of Central and South America, Mexico, the Dominion of Canada, New Foundland and of Cuba, Haiti and San Domingo. If not I shall take pleasure in sending you a copy.

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Ex-Judge Abram H. Dailey, Honorary President of the Congress, Brooklyn, New York.

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Dr. Charles K. Cole, Helena, Montana.

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Dr. J. H. Dunavant, State Board of Health, Vice-President of Congress, Little Rock, Arkansas.

Prof. D. C. H. Hughes, Honorary President of Congress, St. Louis, Mo.

Dr. J. N. Hurty, Vice-President of Congress, State Board of Health of Indiana, Indianapolis, Ind.

Dr. Wm. F. Morrow, Sec'y State Board of Health, Kansas City, Mo.

Dr. T. G. Roddick, M. P., Vice-Pres. of Congress, Montreal, Can.

Dr. William F. Brunner, Vice-President of Congress, Savannah, Ga.

Col. E. Chancellor, M. D., Vice-Pres. of Congress, St. Louis, Mo.

T. L. Barber, M. D., Charleston, West Virginia.

W. F. Drewry, M. D., Petersburg, Va.

Hon. Sen. W. C. Edwards, Hon. Vice President of the Congress, Ottawa, Canada.

F. E. Daniel, M. D., First Vice-President of Congress, Austin, Tex.

John N. Hall, M. D., State Board of Health, Denver, Colorado.

Hon. J. M. Emmert, M. D., State Senator and Vice-President of Congress, Atlantic, Iowa.

Dr. John H. Simon, Health Commissioner, St. Louis, Mo.

Dr. G. R. Tabor, State Health Officer, Austin, Texas.

Dr. W. B. Outten, Chief Surgeon M. P. System, St. Louis, Mo.

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Dr. Charles Hicks, Vice-President of Congress, Dublin, Ga.

Dr. R. F. Graham, Vice-President of Congress, Greeley, Colorado.

Prof. J. J. Kinyoun, Glenolden, Pennsylvania.

Dr. Norman Bridge, Los Angeles, California.

Dr. Karl Von Ruck, Asheville, N. C.

Dr. W. S. Magill, Carnegie Laboratory, New York City.

Hon. Senator Drummond, President Montreal League for Prevention of Tuberculosis, Montreal, Canada.

Prof. Dr. Thomas Bassett Keyes, Vice-President of Congress, Chicago, Illinois.

Dr. R. Harvey Reed, Vice-Pres. of Congress, Rock Springs, Wy.

T. Henry Davis, ex-Pres. State Board of Health, Richmond, Ind.

Dr. Louis LeRoy, Vice-President of Congress, Nashville, Tenn.

Dr. John S. Robinson, Chicago, Illinois.

D. E. Salmon, Esq., Chief of Bureau of Animal Industry, Washington, D. C.

Prof. H. W. Wiley, Chemist, Department of Agriculture, Washington, D. C., and perhaps others, and of the others we should be very glad if President David R. Francis, yourself, Prof. R. H. Jesse, of the University of Missouri, Dr. M. M. Hamlin, of the State Board of Health, of St. Louis, the Governor of the State, who is an Honorary Vice-President; Judge Jacob M. Thayer, of the U. S. Circuit Court of St. Louis; Judge E. B. Adams, of the U. S. District Court of St. Louis; District Attorney David P. Dyer, of St. Louis; Hon. William Warner, of Kansas City, or any others you might name would go on. If you preferred a smaller list I could cut this one down to suit you. Let me hear from you as early as you can. I remain, Sir,

Very faithfully yours,

CLARK BELL,

Chairman Executive Committee.

St. Louis, August 13, 1903.

Mr. Clark Bell, 39 Broadway, New York City.

Dear Sir:—Your letter of August 8th at hand. In the matter of the Congress on Tuberculosis I wrote the Secretary, Mr. Samuel Bell Thomas, 290 Broadway, yesterday, and I enclose copy of my letter to him. It seems to me that the Congress should be at once put upon an international plane and placed under the auspices of an official committee of organization, as noted in my letter to him. This is particularly true inasmuch as the Department of State has already taken up the matter and notified us in reference to its action.

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International Electrical Congress is on at this time, but I see no reason why we shall not be able to accommodate you both.

This fact ought perhaps to be known to your Committee, viz.: The World's Congress of Medicine takes place September 26 to Oct. 1, both inclusive. At this congress will be some of the most famous physicians of the world, and it might be a convenience to your members to have the Congress on Tuberculosis immediately follow this Medical Congress, and it might also be an advantage to both congresses to act in proximity so that members of one could attend the other if they so desired. I simply make this suggestion for your consideration in case you desire to act on it. Otherwise I will hold the 13th to 15th of September as requested.

I do not think either Dr. Jesse, Mr. Lehmann or myself would act upon your Committee inasmuch as we are all concerned in the general management of the entire series of congresses. I shall, however, be very glad to aid you any way possible, either in the selection of local committees, or in other ways.

I renew my advice in reference to the organization of the Congress under the Exposition series, and it seems to me that this should be done without delay.

Very respectfully yours,

HOWARD J. ROGERS.



HON. L. F. C. GARVIN,
Governor of Rhode Island,
Providence, R. I.



SURG. GEN. PRESLEY M. RIXIE
Washington, D. C.



PROF. DR. HERMAN KORNFELD,
Gleiwitz, Silesia, Germany.

HONORARY PRESIDENTS OF THE AMERICAN CONGRESS ON
TUBERCULOSIS FOR THE ST. LOUIS EXPOSITION OF 1904.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS.

TO BE HELD AT ST. LOUIS IN 1904.

Some criticism has recently been made in medical journals of high character as to the recent sympathetic action of the Government of the United States and of the Universal Exposition of St. Louis in 1904, especially of the United States Government, in the aims and purposes of the American Congress on Tuberculosis.

The American Government has been the strong and steadfast friend and supporter of the American Congress on Tuberculosis since it was founded by the Medico-Legal Society in 1900 on the Medico-Legal basis on which it was placed at its inception.

The lines and basis on which it was organized by the Medico-Legal Society were, that the questions which it proposed to discuss were problems of the very highest and broadest moment that had ever been presented to the students of Forensic Medicine in the history of that domain of science.

These were, of course, questions mainly of law and legislative action, but which also involved questions requiring the highest skill in Medical Science, in chemical, bacteriological, and pathological inquiry. They deeply interested the Statesmen, the Legislator, and the political economist. To the minds of the founders of that body any attempt to limit the subject to one single profession, and especially the medical, could not be hopeful of results, when the main hope was in inducing preventive legislation, and a popular education of the great masses of the people in favoring the

enactment of such legislation (at the polls if necessary), and in creating a public opinion that would not only favor, but insist upon, its enforcement.

The only opposition that has thus far developed of any note has been from medical sources outside the membership of the body. The exception has been so small as not to be noticeable, and to only verify the truth of the statement that the occasional exception seems only to prove the rule.

The most conspicuous departure from this was a very strong assault made in the issue of the Journal of the American Medical Association at Chicago, Ill., of December 12th, which we regret that we have not space to reproduce, but to which the managers of the Committee on Organization of the International Congress on Tuberculosis feel that a reply should be made, lest the statements of this influential medical journal might be construed, if not replied to, as detrimental to the organization now progressing under the highly sympathetic action of the United States Government quoted in its columns.

The following reply has been sent to that journal, and it will be sent to other journals interested in behalf of the management, to whom the Universal Exposition has entrusted the organization of the International Congress on Tuberculosis.

The following is the reply:

INTERNATIONAL CONGRESS ON
TUBERCULOSIS.

REPLY MADE BY CLARK BELL, ESQ., CHAIRMAN OF THE
COMMITTEE ON ORGANIZATION OF THE INTERNATIONAL
CONGRESS ON TUBERCULOSIS OF THE WORLD'S
FAIR, ST. LOUIS, 1904, TO THE STRICTURES
OF THE EDITOR OF THE JOURNAL OF
THE AMERICAN MEDICAL ASSOCIA-
TION OF CHICAGO, OF DEC. 12,
1903.

DAVID R. FRANCIS, FREDERICK W. LEHMAN,
President Universal Exposition. *Chairman Com. Board Directors.*

UNIVERSAL EXPOSITION, ST. LOUIS, 1904,
International Congresses.

HOWARD J. ROGERS, - Director of Congresses.

OFFICE OF THE CHAIRMAN OF THE COMMITTEE
ON ORGANIZATION.

39 Broadway, New York.

December 14, 1903.

*To the Editor of the Journal of the American Medical
Association:*

SIR:—My attention has been called to your very able and critical editorial in your issue of the 12th instant. I have not seen the number to which you refer of the preceding week, but it is apparent that you have been misled by those who have attempted to act as your "source of information." The American Congress on Tuberculosis was founded by the Medico-Legal Society in 1900, and has held its annual meetings and elected its officers each year since that time at the City of New York.

This Congress is not, nor was it ever, for a moment, considered as a strictly medical organization. It was composed of legal and medical men, scientists, and publicists, because the medical profession, as such in this country, failed to organize such a Congress, although all the leading powers of christendom had moved and acted. Sweden, Italy, Germany, France, and England had done so.

The Medico-Legal Society, because of the inaction of the medical profession of America, considered that if consumption was a communicable disease, as their medical members believed and advised, that the highest questions in forensic medicine ever submitted to the two great professions of law and medicine were:

1. What legislation could be adopted by Congress or by the Legislatures of the American States, that could possibly arrest its ravages, prevent its spread, and reduce the mortality among our people that had reached such alarming and amazing proportions, as the first question, and

2. How could the masses of our people be educated up to be willing to vote for said legislation, and aid in securing such legislation as a commencement, and to form and place on solid foundations, a public opinion in America, among all classes of our people, that could be relied upon to enforce such laws after they were enacted?

The Medico-Legal Society then considered that because of the exigencies of the question, the supineness and inactivity of the medical profession in our country to grapple with the subject, that it became an urgent, an immediate and the paramount duty of lawyers, jurists, medical men, scientists, legislators, and the general public in such a struggle to inquire into all sides and phases of this question.

While, perhaps, a majority of those interested in the movement were medical men, and men of the highest attainments in science, who were at the head of the profession in sanitary science, this organization was formed under the presidency of that Nestor of sanitation, Dr. A. N. Bell, editor of the *Sanitarian*, the foremost journalist of the Nation in this field of study, with a strong array of medical men as his co-laborers. The membership was also open to lawyers, judges, statesmen, and jurists, and the body commenced its labors. In 1902 the honorary Vice-Presidents were nearly

all Governors of States, and but a few medical men among them, because it was conceded on all hands that the campaign against tuberculosis was one largely of education of the masses of the people as well as the medical profession itself, in the wisdom and expediency of urging legislation that would be preventive in character and effectual in its preventive results.

The meeting of 1901 was very successful, and enlisted a large following on the medical side, and among the governments in the Western Hemisphere. The government of the United States lent its strong and powerful aid to the work. Delegates from many of the governments came, and the work was well launched.

Opposition came to the efforts and labors of the Congress from medical men outside of the body, who claimed that it was not a medical body; that it should be confined to medical men only, and that the questions presented should be limited to and discussed by medical men only.

This was voted down in the Congress of 1902, on full discussion, where a report, confining its membership to medical men only, was voted down unanimously, and members of both profession of law and medicine were voted eligible to membership, and all legal, medical, and scientific bodies were ordered to be invited to send delegates to the annual Congress.

Those who favored the view that the body be limited in its officers and management to medical men, sought to carry out such a project indirectly, but without the consent of the body, and against its express vote. The President elected in 1902, the Secretary elected in 1902, and some few others sought to restrict its officials to men of this type. This was not satisfactory to the members nor to the founders.

The election of June 11, 1903, ensuing, settled these questions by electing a new board of officers, in which entirely new officers were elected (except Dr. Barrick as President, and by a unanimous voice the present board was selected without one dissenting voice.

The officers of 1902 took no steps to proceed with the work laid out by the Congress of 1902. After some discussion they agreed to hold the Congress in Washington in 1905, and notwithstanding the almost unanimous voice of

the members declaring that the Congress should be held in St. Louis in 1904, at the World's Fair Exposition, decided to form a new organization for this purpose. At the annual meeting, however, no supporters were found favoring these measures, and a harmonious management was chosen.

If the medical profession had, in 1900, organized a national movement, or Congress, on tuberculosis, as that profession had done in almost all continental countries, it would have been a creditable work, and if such a body had been formed by the medical profession, it is only fair to say that the present Congress would not have been organized.

If the medical profession should to-day, through its great National organizations, decide to call and hold a medical Congress on Tuberculosis, either on broad or restricted lines of labor, as to the medical questions involved or on larger and broader lines, it would be a creditable work, and every member of this organization would aid it in every way.

At every meeting of the American Congress on Tuberculosis the Medico-Legal Society, as a body, met with it in joint session up to and including the session of 1902, which was represented by delegates from many governments, which, up to that time, had been limited to the governments of the Western Hemisphere, and the Continents of North and South America, and to the peoples living in American waters.

The most creditable thing the government of this country ever did in the advancement of science was the sympathetic aid it lent to the American Congress on Tuberculosis in 1902, and one which medical men, at least, should recognize with thanks and with pride.

It was most natural and wise that our government should continue this splendid, this superb work along the same lines it had previously adopted.

The action of our government which you quote "That our government would be pleased if foreign governments and States would find it convenient to comply with the request of the committee to give the matter publicity in order that it may come to the knowledge of interested organizations and public spirited citizens, in their States and countries."

I beg to call your attention to the language of the instructions which our government has given to our Ambassadors and Ministers abroad:

"The humanitarian object which this Congress has in view to reach, by the discussion of scientific men, some result in arresting the spread and averting, so far as it may be found possible, the ravages of this dreadful disease, which now falls with such terrible force and fatality upon the people of the Western Hemisphere, cannot but enlist the sympathy and approval of the government to which you are accredited.

"The Department will, therefore, be pleased to have you say to that government that this government is in entire sympathy with the work of the proposed Congress, and would be pleased to learn that the government of —— took a like interest in its success by the acceptance of the committee's invitation, and the appointment of three or more scientific gentlemen to represent it at the Congress.

"This government would also be pleased if that of —— could find it convenient to comply with the request of the committee to give the matter publicity in order that it may come to the knowledge of interested organizations and public spirited citizens of that country. I am, sir,

"Your obedient servant," etc., etc.

I have to thank you, in behalf of the Government of the United States and of the Congress, for the publicity you have given to these sentiments that animate the American Government, and which lend enormous force to a movement that will result in a great Congress in October, 1904, at St. Louis.

Your sources of information as to the character of the medical men interested in this Congress have misled you and must result in regret at your intemperate language in what you say as to the better element of the profession.

Does any man in the medical profession of America stand higher in sanitation than Dr. A. N. Bell, editor of the Sanitarian, who, for two years, was President of this body, and now at the head of its Honorary list of Presidents.

Have you, in Chicago, a higher medical name than Surgeon General Nicholas Senn, Honorary President of this body, or Prof. Charles E. Hughes, of St. Louis; than Pro-

fessor Maurice Benedict, of Vienna, who has accepted an Honorary Presidency, and who announces his intention to attend and read a paper on "The Toxin of Tuberculosis" at this Congress. The list of Vice-Presidents of this Congress who have accepted their positions on the medical side is composed of men whom you will say, when you see the full lists, have been selected "from the better element of the profession" on the medical side.

Now, that the management of the Great Universal Exposition have honored the American Congress on Tuberculosis by asking its representative men to organize an International Congress on Tuberculosis, to be held at the St. Louis Exposition, and under its auspices, on October 3, 4 and 5, 1904, and that a committee of organization, appointed by President Dr. D. R. Francis, of the St. Louis Exposition, has met, and, in accordance with the U. S. authorities, duly organized such an International Congress and elected its officers (I send you a copy of the announcement, which I hope to see appear in your great journal), you will, I think, perceive that you have misunderstood the situation.

This International Congress has not been organized as a distinctly medical organization. The resolution of the Committee on Organization adopted was as follows:

"It was unanimously resolved that the Congress be open to the legal, medical, and all other professions, judges, philanthropists, scientists, statesmen, legislators, and all citizens interested in averting the ravages of the dread disease, and that they be invited to become members of the body."

It was also unanimously resolved at the meeting of the Committee on Organization of the Universal Exposition, St. Louis, 1904, at its meeting in New York on November 11, 1904, "That the Board of Executive Officers were instructed to issue invitations to eminent citizens, societies, and organizations, both at home and abroad, to co-operate and unite with the International Congress, who are in sympathy with its aims and objects," and that by unanimous vote it was unanimously resolved that the propriety of inviting delegates from other governments outside of and beyond the Western Hemisphere; of increasing the honorary presidents of the American International Congress on Tuberculosis; and of increasing the Committee on Organization of

the International Congress, with a view of having it more representative in character of an international body, were also referred, with power, to the Board of Executive Officers.

You will see, therefore, that your criticisms of the present International Congress on Tuberculosis as now organized by the management of the Universal Exposition at St. Louis, 1904, proceeding on the erroneous assumption that it was a medical body, hardly apply to the situation, and were made upon an erroneous and mistaken idea of the aims, origin, and purposes of the body.

At the risk of being considered tedious, I wish, in the kindest feeling, to criticise your article.

We think you do the Congress organized by Dr. Lewis and his associates, and announced to be held at Washington in 1905, an injustice, and that you underrate the merit of some, at least, of the gentlemen of the Board of its officers in your advising them to abandon their purpose, and in asserting, as you do, "that nevertheless we cannot but think that under the circumstances it will be a mistake for them to go on."

They have organized a Congress on Tuberculosis to be exclusively medical and to be confined strictly to medical men, and not to be open to lawyers, jurists, scientists, and the intelligent laity, as was the American Congress on Tuberculosis in 1902, which adopted a resolution, after extended debate, at the Congress (1902), making both professions of Law and Medicine eligible to membership, and all legal, medical, and scientific bodies ordered to be invited to send delegates.

Your criticism on their selection of a name so near that of "The American Congress on Tuberculosis" may have force. Had they said "American Medical Congress on Tuberculosis," no mistake could have arisen.

It is the first effort in our country to organize a Medical Congress on Tuberculosis, and to be limited to medical men and managed by medical ideas of ethics and membership.

These gentlemen had the right to organize such a medical organization.

You should praise and support this effort—not censure it.

It does not in any respect antagonize the work of the American Congress on Tuberculosis, as it meets in 1905, and it may be most useful in defining the limits and lines upon purely medical questions for the benefit and enlightenment of legislators and the public.

It was most natural that the Medico-Legal Society could not take that interest in the medical questions pertaining to tuberculosis alone. It was the medico-legal aspects and preventive legislation and popular education that could enlist the men who created the American Congress on Tuberculosis, and who had brought it into public and governmental notice and recognition.

As this Congress is not a medical congress per se, and as men of all professions are on its list of officers and members, its faults ought not, nor could they ever, be laid at the door of the medical profession.

With high personal regards,

Ever faithfully yours,

CLARK BELL,

Chairman Committee on Organization,
International Congress on Tuberculosis.

INTERNATIONAL CONGRESS ON TUBERCULOSIS.

TO BE HELD OCTOBER 3d, 4th AND 5th, 1904, UNDER THE
AUSPICES OF THE UNIVERSAL EXPOSITION, ST.
LOUIS, AND OF THE AMERICAN CONGRESS
ON TUBERCULOSIS.

The Committee on Organization of the International Congress on Tuberculosis appointed by the Hon. David R. Francis, President of the Universal Exposition, St. Louis, 1904, met at the Press Club in the city of New York on the 11th day of November, 1903, and took the preliminary steps to organize an International Congress on Tuberculosis.

Nearly every member of the committee was present or represented by proxy. It was unanimously resolved to organize an International Congress under the following name: "American International Congress on Tuberculosis, to be held October 3d, 4th and 5th, 1904, under the auspices of the Universal Exposition, St. Louis, 1904, and of the American Congress on Tuberculosis."

The present officers of the American Congress on Tuberculosis were, with a few changes and exceptions, elected to the corresponding offices in the American International Congress on Tuberculosis.

It was unanimously resolved that the Congress be open to the legal, medical, and all other professions, judges, phil-anthropists, scientists, statesmen, legislators, and all citizens interested in averting the ravages of the dread disease, and that they be invited to co-operate and become members of the body.

All the Standing Committees as organized in the American Congress on Tuberculosis were made the Standing Committees in the International Congress.

The same power, authority, and duties that had been conferred upon the Board of Executive Officers in the American

Congress on Tuberculosis, and upon its council and management, were adopted and conferred upon the same officers and committees in the International Congress.

The Board of Executive Officers were instructed to extend invitations to eminent citizens, societies and organizations, both at home and abroad, to co-operate and unite with the International Congress, who are in sympathy with its aims and objects.

The dues of members for the year 1903 were fixed at the sum of one dollar.

All members of the American Congress on Tuberculosis who had paid their dues were, by unanimous vote, made ipse facto members of the International Congress, and all members hereafter enrolling in the Congress were entitled to receive the Medico-Legal Journal (Vol. 21), which is the organ of the body and contains its proceedings, at half price, \$1.50, payable in advance.

It was moved and carried that the Board of Executive Officers take into consideration the propriety of increasing the number of the honorary Presidents of the American International Congress on Tuberculosis and report their conclusions at a future meeting.

It was unanimously resolved that the propriety of inviting delegates from other governments outside of and beyond the Western Hemisphere to the Congress be referred to the Board of Executive Officers, with power, and that they report their action and recommendations at a future meeting.

It was resolved that the organization of the Standing Committees on the same plan and basis as that adopted by the American Congress on Tuberculosis be referred to the Board of Executive Officers, with power, and that they be instructed to report their action on the same at a future meeting.

It was further unanimously resolved that the Board of Executive Officers were authorized and empowered, in their discretion, to make any changes in any of the officers and committees of the American International Congress on Tuberculosis as they deem, by unanimous action, to be for the best interests of the body in the accomplishment of its mission, and to that end they be empowered to make such

changes, by unanimous action, in the autonomy of the Congress and basis of organization as they should see fit at any time to adopt by unanimous vote.

It was moved and seconded that the Chairman of the Committee, the President of the Congress, and the Secretary of the Committee on Organization be named a committee, with power, as to the advisability of increasing the number of the membership of the Committee on Organization, with a view of having it more representative in character of an international body.

The Chairman of the Committee on Organization laid before the committee a communication from Howard J. Rogers, Director of Congresses, informing the committee that Surgeon-General Nicholas Senn, of Chicago, Illinois, and Dr. Thomas Darlington, of New York, had been added to the Committee on Organization.

This action was approved by the committee, and Dr. Darlington took his seat in the committee.

The committee elected as its secretary, Thomas Darlington, M. D., and as its treasurer the chairman, Clark Bell, Esq.

CLARK BELL,

Chairman Committee on Organization.

E. J. BARRICK, M. D.,

President.

THOMAS DARLINGTON,

Secretary Committee on Organization.

THE ETIOLOGY OF TUBERCULOSIS.

John Ferguson, M. A., editor of the *Canada Lancet*, in his editorial columns, December number, gives his views on the Etiology of Tuberculosis. He says:

The time was when it was thought that heredity explained every thing in connection with the causation of consumption. Then came a period when many of the most careful observers began to doubt the all-sufficiency of this explanation, and began to regard the disease, both in man and the lower animals, as communicable, to some extent, from one to another. Later, in 1882, Robert Koch gave to the world his great discovery of the *tubercle bacillus*—the germ of the disease. From that date to the present the opinion has been rapidly gaining ground that the disease is of an infectious nature; and, in most instances, in some way or other, is conveyed from the sick to the well—from animals to man, and vice versa.

Recently, however, there has been an effort, in high quarters, to throw doubt upon some of the views generally held upon its contagiousness. In 1901 Koch startled the medical world by declaring that tuberculosis was not communicable from man to bovine animals; and per contra, from these to man. He held that it was scarcely necessary to take precautions regarding tuberculosis meat and milk. These teachings stimulated investigation, and a considerable amount of reliable information is now to hand that animals can be infected by tuberculosis matter from man, and that man can contract the disease from bovine sources. These investigations go to throw discredit upon the investigations of Koch and Schutz.

About two months ago Professor Behring announced the rather sweeping statements that the communication of pulmonary consumption to adults by contagion had not been proven; that human and bovine tuberculosis is the same disease; nearly all cases of tuberculosis are due to the inception of the germ in infancy through milk, and that later in life these germs develop if the soil is suitable. He makes the statement that about 96 per cent. of all persons over 30 years will react to the tuberculin test, which means that nearly everyone, by that age, has been infected and has tubercles in the body. His view is that the germ is of much less consequence than the soil; for, if the resistance is sufficient, the germs will do but little harm. He declares, however, that the utmost care should be taken over all milk supplies.

But this is not the end of the confusion. Professor Ferdinand Hueppe, in the Harben Lectures, which he delivered in London during October, contends that most persons are infected at some time or other, the great majority escaping; that the germs are often found in the bodies of perfectly healthy persons; that predisposition is the most important factor, and that many made a recovery, showing the resisting power of certain persons against the germ. He contested Koch's view regarding the non-communicability of human and bovine tuberculosis. Cattle had been rendered immune to tuberculosis by

being treated with bacilli of human origin. Another statement made by Professor Hueppe of great importance is that the tubercle bacillus is not an obligatory parasite, but has been cultivated outside the body on glycerinated media. If it can be shown that the bacillus can grow free in nature, outside the animal body, a new source of infection of vast importance will come before the scientific world. So far, however, the cultivation has been difficult, and the probabilities are all against the view that there is any danger, apart from infected man or animals. Professor Hueppe also contended that the germ might enter by the respiratory or digestive channels, and affect any organ of the body, attacking the *locus minoris resistentiae*. Thus, the lungs might be diseased through the digestive canal, or the glandular system through the respiratory.

The complications have been increased still further by a recent article from the pen of H. Charlton Bastian, emeritus professor of medicine in University College, London. He takes the position that tuberculosis may arise *de novo*. He states that "If good hygienic conditions and improved vitality will lead to the cure of the disease, then low vitality and bad hygienic conditions may have sufficed to produce it." Again he states, "We might then return to something more like the sober views that prevailed concerning the etiology of phthisis, only a few years ago, when the affection was freely recognized as generable in the individual, altogether apart from contagion, and contagion was supposed to take only a limited share in the production of the disease. This seems the more rational and most warranted view to be taken." One of Dr. Bastian's arguments against the contagion theory is that the bacilli are found in glands, bones, joints, etc., and no clear explanation is possible as to how they got there. It is much easier and far more scientific to grant that they got into these places by means of the circulation than to suppose that they just began there from nothing. We fear that Dr. Bastian must be left alone with his transcendental theories.

Far nearer the truth, indeed the truth, are the words of Professor Osler, that tuberculosis is a case of seed and soil. Sometimes the seed falls by the wayside and perishes, sometimes it falls in stony ground and produces a weakly crop, and sometimes it falls in good soil and produces an abundant crop. In spite, therefore, of the learned arguments of Koch, Hueppe, Behring and Bastian, it comes back to a question of seed and soil. No matter how favorable or suitable the soil may be, without the seed there can be no crop. However laudable it may be to maintain a high standard of vitality, it is absolutely obligatory to destroy the germs as they come from the infected person, and thus prevent the seed from alighting in any other person, whether of the type of the wayside, the stony ground, or the good soil. Destroy the germ wherever found, and keep on destroying it. The soil we must always have with us. It is the seed alone which we may hope to control. The world will always be full of the poor, the dirty, the weakly; but the world need not always be full of the tubercle bacilli.

AMERICAN CONGRESS ON TUBERCULOSIS.

We clip the following from the Canada Lancet, one of the leading and influential journals of the Dominion of Canada, on the work of the American Congress on Tuberculosis and of the American International Congress on Tuberculosis, which has been organized by a Committee on Organization named by President D. R. Francis, and which is now decided upon to be held in joint session with and under the auspices of the Universal Exposition, St. Louis, 1904, and of the American Congress on Tuberculosis, October 3, 4 and 5, St. Louis:

AMERICAN CONGRESS ON TUBERCULOSIS.

Arrangements are being rapidly completed for a very influential gathering in October, 1904, at the World's Fair and Universal Exposition at St. Louis. Gentlemen of high standing, both lay and medical, will take part in the proceedings. A movement is also on foot for the organization of an International Congress on Tuberculosis, to be held at the same time and place. The management of the World's Fair and the United States government are giving every assistance to these two organizations.

When one has regard to the importance of the matters that must come before such gatherings, they need few words of commendation from us. There were strong suspicions in the minds of many scientists, prior to the discovery of the bacillus tuberculosis, that consumption in some way or other was a communicable disease. These suspicions became certainties when, in 1882, Prof. R. Koch gave to the world the discovery of the bacillus. It is now proven beyond the possibility of a doubt that without the bacillus there can be no cases of tuberculosis. What the scientific world has to deal with is the bacillus, its modes of spread, its habits of life, and how it can be rendered harmless. These are the problems that will form a large portion of the deliberations of the Congresses on Tuberculosis. The population of the United States, Canada and Great Britain aggregates about 120,000,000. Taking the annual death rate at 18 per 1,000, there will be a total death loss of 2,160,000 a year, and one-eighth of this will be due to tuberculosis, or 270,000. This is a terrible loss of life from any one disease, and that disease almost entirely a preventable one. It is when the death loss is thrown into such figures as the above that the importance of any movement looking towards the prevention of tuberculosis becomes so distinctly attractive. It is safe to say that each life to the State is worth at least \$6,000 on an average. The loss of 270,000 lives at this estimate is a total loss of \$1,620,000,000 to the United States, Canada and Great Britain. Those who are doing so much to lead the public thought toward taking

steps to lessen this terrible loss of life are doing more for these countries' wealth than the great trusts and money kings.

It is within the memory of the present generation that to talk of the infectious nature of consumption and to advise methods of prevention would only beget ridicule, and brand the person as a crank. The writer can recall an incident in the year 1884, when he urged such views at a large medical convention, and was regarded as visionary, being told by some that in a few years he would not hang such heavy weights on such slender threads, referring to the weakness of the arguments and the proofs advanced. The threads have stood the strain, and are now carrying heavier weights than was even thought of. With proper preventive measures, there need be practically no consumption ten years hence.

MUNICIPAL SANITORIA FOR TORONTO.

We learn that a deputation, composed of Dr. E. J. Barrick, Eugene O'Keefe, Dr. J. E. Elliott, and Dr. S. G. Thompson, waited on the Board of Control of Toronto to ask that the question regarding the contribution of \$50,000 by the city towards the erection of a municipal consumption sanitorium be submitted to the qualified electors in January. The Board unanimously approved the submission of the question on the same terms as last year.

Dr. E. J. Barrick, who is lending his aid to this scheme, was elected President of the American International Congress on Tuberculosis on November 11th, 1903, by the Committee of Organization named by D. R. Francis, and nearly all of the officers and committees of the American Congress on Tuberculosis were elected to the same places and positions in the International Congress.

The management of the World's Fair Exposition are anxious that the International Congress on Tuberculosis shall not be limited to the governments of the Western Hemisphere, but that it should embrace all the governments of the Eastern Hemisphere, upon the invitation of the government of the United States on the request of the manager of the Universal Exposition. If this course is adopted by the Committee on Organization of the International Congress, it will provide for a great meeting at the St. Louis World's Fair next Fall.

THE UNIVERSAL EXPOSITION AT ST. LOUIS IN 1904.

There is a concerted movement in the medical profession in certain States not to sustain the management of the St. Louis Fair, and not to have any medical demonstration of note held there in 1904.

An attempt was made to prevent the American Congress on Tuberculosis being held at St. Louis in 1904.

At the annual meeting of that body in June, 1903, the feeling was unanimous that the Congress should be held at St. Louis in 1904, and although the American Congress on Tuberculosis was not a medical body per se, and was open to all professions and to intelligent laymen, and contained on its roll of membership the most eminent sanitary authorities and medical men of the highest attainments, and was ably championed by the leading minds of the medical profession both in the United States and in the Canadas, and although Prof. Maurice Benedict, one of the foremost medical men in Austria, announced early his intention to be present and to read a paper on "The Toxin of Tuberculosis," a continuous assault has been made upon this body by medical men, who are not members of the Society, but usually unknown and obscure persons, one of whom complains that his application for membership was ignored and not replied to. There has been recently in the medical press assaults upon the proposed International Congress, which has had the splendid recognition of the Government of the United States, and is to be held under the auspices of the Universal Exposition itself, and organized under a committee named by the Exposition itself.

The medical press has in some instances refuted these assaults, the secret purpose of which was to prevent a Congress on Tuberculosis at St. Louis in 1904.

It is due to the medical profession of the country to understand that among the medical men who have accepted

official positions in the American International Congress on Tuberculosis those only of the highest character and standing, representing every State in the American Union except one, every Province in Canada, more than six times as many boards of health as were reported in the Congress of 1902, and that the list of medical men is inferior to no organization in the land.

Its mission is almost wholly in the domain of forensic medicine, and is not medical per se; it lies in the domain of preventive legislation. This should appeal strongly to medical men, as it does to the great masses of our people, and to the sympathies of every philanthropist and legislator. The noisiest complainant is the very energetic advertiser of a compilation from the writings of our best authorities on tuberculosis into a book, which his best friend does not claim contains many original ideas of his own, and whose purpose is mainly to advertise his book and bring himself into public notice, without paying the regular advertising rates; whose moan seems to be that he is not a member of either congress of tuberculosis, one to meet in St. Louis in October, 1904, and the other in Washington in April, 1905; who seeks to show that no congress should be permitted in which he was not a conspicuous figure. He has a mania for seeing his name in print, and, it is said, he has written over one hundred papers within the last three years, and got them published in medical papers, always advertising his book.

We are told, also, that the medical council of a State Medical Association, on learning that the President of the State Society contemplated naming delegates to attend the Congress at St. Louis, or a quorum of them, and in the absence of the President, forbade their President to do so, although they were unknown to the Congress and had never been requested by that body to act; and that this body also passed resolutions reflecting on the scientific and medical attainments of the medical men among the officers of the

Congress, and upon the Government of the United States for its superb recognition and the sympathies it had expressed for the aims and purposes of the Congress, which was the amelioration of the human race upon the highest plane on which it has ever been presented.

There are three times over more members and officers of the International Congress on Tuberculosis than would be necessary to make for it a brilliant success, and it is but simple truth to announce that the meeting next October will be one of the most memorable ever held.

The medical profession who are interested in the questions, and who do not have books to advertise gratuitously, and to attract attention to themselves through gratuitous and uncalled for and unsolicited action, should sustain the St. Louis Exposition.

Every State of the Union will be represented by delegates, both lay and medical, and the Congress to be held at St. Louis will not miss any of the gentlemen who are seeking thus to attract the public attention and to make assault upon the great meeting to be held at the St. Louis Exposition next Fall. All medical men who desire to co-operate with the Congress have only to communicate with the officials on their own motion, or through the Vice-Presidents of their States.

DR. THOMAS DARLINGTON

Is peculiarly fitted for the administrative work devolving upon him as head of the Health Department of the great metropolis. He took a special three years' scientific and engineering course at the University of the City of New York before he took up the study of medicine at the College of Physicians and Surgeons, from which he graduated

in 1880. He had a two years' experience in his early medical practice at Bisbee, Arizona, 1888 to 1891.

His tastes and inclinations have gone to the sanitary work or side of his profession and to railway surgery. He is one of the Vice-Presidents of the American Climatological Association, and stood deservedly high in its councils. He was President of the Medical Board of the New York Foundling Hospital for two years and is its visiting physician, as also of the Fordham Hospital, the St. John's Riverside Hospital, the Seton Hospital for Consumptives, and consulting physician to the French Hospital.

He is Vice-President of the Section of Medico-Legal Surgery of the Medico-Legal Society, and has been one of its active officers.

He received the unanimous support of that Society for the presidency of the Health Department, and is perhaps the best qualified medical man for that work in the city. He was appointed by President Francis, of the World's Fair at St. Louis, in November last, a member of the Committee on Organization of the International Congress on Tuberculosis and was elected, unanimously, secretary of that committee.

It is a long time since the City of New York has had a medical man at the head of the Health Department, and the city has been for years opposed to submitting it to that profession. Dr. Darlington will be popular with the medical profession, and will be perhaps the most fortunate selection for such a work that the mayor-elect could make to overcome that deep-rooted objection.

He is ardent, enthusiastic, and possessed of high ideals in his work. He will have the fullest confidence of the public.

The Women's Health Protective Association strongly supported his appointment, as did Bishop Potter.

He, like the mayor-elect, is a man, who by his life character, professional career, education, and origin has developed so splendidly. He is a thorough gentleman—an illustration of one of the rising young men of the Democratic party

whose mission is to demonstrate that the Democracy of the great City of New York have men both competent, fit, and faithful to the high trusts that have been placed in their charge by the people of the city by such an overwhelming vote at the recent election.

STATE REPRESENTATION OF DELEGATES TO THE ST. LOUIS CONGRESS OF 1904.

Where there is to be sharp competition for seats as delegates from States to the American Congress on Tuberculosis at St. Louis next October, the management have been for six weeks considering a plan that will preserve equality for the larger States. There has been thus far no restriction as to State delegates, and it is important to avoid any.

But the great States of New York, Ohio, Indiana, Illinois, Pennsylvania, and Texas were substantially disfranchised in the Congress of 1902. No delegates were named for New York, Ohio and Indiana in 1902, by their Governors, and Pennsylvania was represented by only 17 delegates, of which scarcely one-half attended; Illinois by only 16 delegates of which only a short one-third attended or enrolled; and Texas by only 8, of which only about half enrolled.

It has been found to be impracticable, unequal, and entirely a failure, to have the State delegations in the larger States left to the choice of the Executives of the States.

A plan is now substantially completed to secure, especially in the larger States, a more perfect system and plan of selecting the State delegates, and also, as far as possible, from the various professions, so that the Bench, Bar, Medical Profession, the Public Press, the Reverend Clergy, Legislators, and intelligent Laymen can take part in the discussion and solution of these problems.

The Board will designate Vice-Presidents of States, or committees, to act in the selection of delegates, especially in

the medical profession, from among those who are in sympathy with the aims and purposes of the Congress, and who will consent in writing to accept such appointments and act with the Congress.

The indications are overwhelmingly already that the Congress at the St. Louis Exposition will be extraordinarily large, and that some limit may have to be fixed. The membership dues of the Congress for 1904 will be only \$1.00 but this will not entitle members to the Bulletin of 1904, which has not yet been arranged for, but provision has been made that every member or delegate of the Congress will be entitled to receive the whole of Vol. 21 of the Medico-Legal Journal, commencing with January number, 1903, who remits half price for same, or \$1.50, until further notice.

INNOCULATION OF CRIMINALS.

We should be glad to have the subject brought before the International Congress on Tuberculosis at St. Louis in 1904, which Dr. M. P. Ravenel presented at the meeting of the American Public Health Association—the subject of infection of human beings with animal tuberculosis.

The proposition made by Dr. Ravenel, to urge upon State legislators the propriety of experimenting upon criminals condemned to death—proper experiments for the benefit of the human race—is one not to be dismissed with a sneer. President Lincoln was credited with saying that that was the best thing that did the most good to the greatest number of people. There is room for argument on both sides of a proposition so enormous in its possible results, and it is on a higher plane than any that has been presented for the welfare of the human race.

If the killing of criminals has at its foundation any thought higher or nobler than the welfare of the race, would it not be a wise step to so arrange the manner of taking the

life of the criminal as to give all the benefits it could possibly lend to the greater number?

The law of self-preservation has justified the taking of human life, to one man alone, to save his own life.

If any of the millions of that great procession of victims who are now marching to their death could be said to be a sacrifice of a few for the good of the many, it could be demanded in the name of the State for the higher welfare of the great masses of the people.

NOTICE TO MEMBERS.

To Members of the Medico-Legal Society, Active, Corresponding and Honorary:

The superb, the splendid recognition and sympathetic action of the Government of the United States in favor of the American Congress on Tuberculosis, founded by the Medico-Legal Society in 1900 and held annually since under its auspices, with the like endorsement and similar action by the management, the Universal Exposition at St. Louis, 1904, in placing the Congress on its list of International Congresses for Oct. 3, 4 and 5, 1904, and in creating a Committee of Organization from its prominent officials and promoters, is the highest and most conspicuous recognition that has even been given to the labors of the Medico-Legal Society.

The management of the International Congress asks of the Medico-Legal Society that its members of all classes, active, honorary and corresponding, with all the members of its various sections, amounting to nearly 1800 names, sustain the International Congress on Tuberculosis to be held at the St. Louis Exposition next October, by enrolling as members of the body, which can be done at \$1.00 each, whether you are able to attend or not, as a recognition on your part of the strong sympathy extended to our labors by the Government of the United States and the management of the Universal Exposition, St. Louis, 1904.

CLARK BELL,

Dec. 30, 1903.

President Medico-Legal Society.



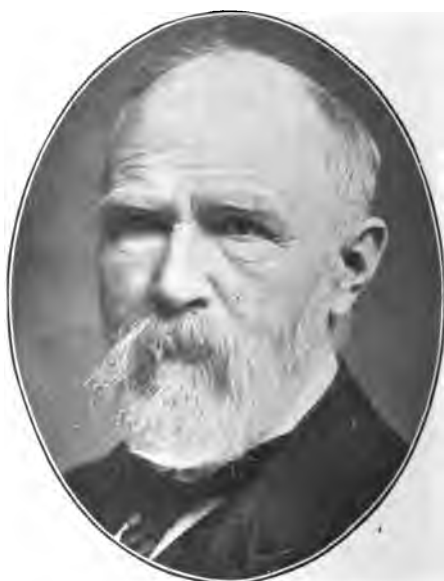
THOS. DARLINGTON, M. D.,
 President Health Department, New York City; Sec-
 retary Committee on Organization of Interna-
 tional Congress on Tuberculosis, appointed
 by Universal Exposition, St. Louis, 1904



HIS WORSHIP JOHN ARBUTHNOT, ESQ.,
 Vice President for Winnipeg, B. C.,
 Mayor of the City of Winnipeg, B. C.



DR. W. H. MOOREHOUSE,
 London, Ontario,
 Vice President-at-Large.



JAMES LOUDON,
 President of Toronto University,
 Honorary Vice President.

**PROMINENT OFFICIALS OF THE AMERICAN INTERNATIONAL CONGRESS
 ON TUBERCULOSIS TO BE HELD AT UNIVERSAL EXPOSITION,
 ST. LOUIS, OCTOBER 3d, 4th and 5th, 1904.**

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**THE AMERICAN CONGRESS ON TUBERCULOSIS
TO BE HELD AT THE ST. LOUIS EXPO-
SITION OF 1904.**

Arrangements are now substantially completed to hold the Fifth Annual meeting of this body at St. Louis on October 3, 4 and 5, 1904, and to hold a session of three days.

It is very probable that a banquet will be given during the Congress, and probably on the evening of the second day.

Every government on the Continents of North and South America has been invited, including the colonial governments in the Guineas, the West Indies and British Honduras, to send delegates to this Congress, and the Republics of Cuba, Haiti and San Domingo also, as they are in American waters, and the dependencies of our Government, Porto Rico, Hawaii and the Philippines, are also invited to take part in the labors of the Congress.

The Congress was organized under the auspices of the Medico-Legal Society of New York, and the sessions of 1900, 1901 and 1902 were held in the city of New York in joint session with the Medico-Legal Society.

Some misapprehensions have arisen in the public mind, and occasionally, although rarely, in the medical press and among physicians, respecting the scope of the Congress and the true field of its labors.

It was not organized as a medical body, and it is not and has never been regarded or conducted as a strictly medical organization. It was organized by the Medico-Legal Society because, while all the great powers were forming and holding congresses on the subject, the medical profession of the United States made no movement, took no steps looking in that direction, and unwilling that a subject in which the people of the whole country took such a profound interest

should be ignored, the Medico-Legal Society organized the movement in 1900, which resulted in successfully initiating the effort on the highest question in forensic medicine that had ever been presented to the legal and medical professions up to that hour, of how far the ravages of Tuberculosis could be averted by legislative action.

If consumption was a communicable disease, what legislation could be inaugurated, of a preventive nature, was the highest question in forensic medicine, and it became the paramount duty of lawyers, jurists, medical men and the general public in such a struggle, to inquire into all sides of the question, was the question of the hour; a burning question of a clearly medico-legal character, demanding the highest legal, as well as medical talent.

In 1900 the question of providing National, State and municipal sanatoria for the indigent consumptive was a burning question in some of the foremost States; and while this did, to some extent, involve the question of best methods of treatment, which was a medical and not a medico-legal question, the legislation necessary to secure the construction of sanatoria and the education of the general public up to the point of consenting to provide for and sustain such efforts, did involve questions that concerned every jurist and legislator in the land, and the promoters of the movement did embrace sanatoria and certain questions of treatment, and allowed them to come into the field of discussion.

While, perhaps, a majority of those interested in the movement were medical men, and men of the highest attainments in science, who were at the head of the profession in sanitary science, this organization was formed under the presidency of that Nestor of sanitation, Dr. A. N. Bell, Editor of the Sanitarian, the foremost journalist of the Nation in this field of study, with a strong array of medical men as his co-laborers. The membership was also open to lawyers, judges, statesmen and jurists, and the body commenced its labors. In 1902 the Honorary Vice-Presidents were nearly

all Governors of States, and but a few medical men among them, because it was conceded on all hands that the campaign against tuberculosis was one largely of education of the masses of the people, as well as the medical profession itself, in the wisdom and expediency of urging legislation that would be preventive in character and effectual in its preventive results.

The meeting of 1901 was very successful and enlisted a large following on the medical side, and among the Government in the Western Hemisphere. The Government of the United States lent its strong and powerful aid to the work. Delegates from many of the Governments came and the work was well launched.

Opposition came to the efforts and labors of the Congress from medical men outside of the body, who claimed that it was not a medical body; that it should be confined to medical men only, and that the questions presented should be limited to and discussed by medical men only.

This was voted down in the Congress of 1902, on full discussion, where a report confining its membership to medical men only was voted down unanimously, and members of both professions of law and medicine were voted eligible to membership, and all legal, medical and scientific bodies were ordered to be invited to send delegates to the annual Congress.

Those who favored the view that the body be limited in its officers and management to medical men, sought to carry out such a project indirectly, but without the consent of the body and against its express vote. The President elected in 1902, the Secretary elected in 1902, and some few others, sought to restrict its officials to men of this type. This was not satisfactory to the members nor to the founders.

The election of June 11, 1902, ensuing, settled these questions by electing a new board of officers, in which entirely new officers were elected (except Dr. Barrick, as president),

and by a unanimous voice the present board was selected without one dissenting voice.

The officers of 1902 took no steps to proceed with the work laid out by the Congress of 1902. After some discussion they agreed to hold the Congress in Washington in 1905, and notwithstanding the almost unanimous voice of the members, declaring that the Congress should be held in St. Louis in 1904, at the World's Fair Exposition, decided to form a new organization for this purpose. At the annual meeting, however, no supporters were found favoring these measures and a harmonious management was chosen.

If the medical profession had in 1900 organized a National movement or Congress on Tuberculosis, as that profession had done in almost all continental countries, it would have been a creditable work, and if such a body had been formed by the medical profession, it is only fair to say that the present Congress would not have been organized.

If the medical profession should to-day, through its great National organizations, decide to call and hold a medical congress on tuberculosis, either on broad or restricted lines of labor, as to the medical questions involved, or on larger and broader lines, it would be a creditable work, and every member of this organization would aid it in every way.

The present movement, however, announced by Dr. Daniel Lewis, the late President of this body, with the aid of the former officers elected in 1902, to organize a congress on tuberculosis in 1905, at Washington, and to ignore their defeat at the annual meeting of June, 1903, when a majority of the members were voting and represented by written proxies, can hardly be called a serious movement.

These gentlemen, it must be conceded, have the right to make such an effort. By no stretch of the imagination, however, can it be said to represent the medical profession of the American nation or people.

Nor can it represent the American Congress on Tuberculosis, which organized in 1900, has held its annual meetings

every year since, and which will hold its great meeting October 3, 4 and 5, 1904, at St. Louis, at the World's Fair Exposition.

Not a member of the present organization will oppose its proposed meeting in Washington in 1905.

On the contrary, if it can do good work for the prevention of tuberculosis, or help on even the medical questions involved, let its efforts be acclaimed and cheered. If, as the result of its labors, a representative medical congress on tuberculosis can be organized, it will surely not be without *raison d'être*.

There should be no medical man, who, because of this proposed effort in 1905, should withhold any effort he could make in St. Louis in 1904.

We can justify the medical man who prefers to work on the medical lines alone, if he so prefers, but we can not see our way clear to justify him in opposing the proposed meeting in St. Louis in 1904, or in using his position and influence against the great meeting of 1904, which will meet in October of that year. In another column will be found the action of the officers of the management of the World's Fair Exposition, in naming a committee on organization for this body as an International Congress, under the control of that committee in co-operation with the officers of this body, on full consultation with the Government of the United States; and the correspondence between the executive officers of this Congress with the Department of State shows the splendid and warm sympathy with which the Government of the United States regards the labors of the American Congress on Tuberculosis, and the splendid policy of the Government of the United States in aiding, propagating and encouraging the philanthropic and humane efforts of the present management to arrest and avert the dangers which now threaten so great a number of the people of all lands.

OFFICIAL ANNOUNCEMENT OF APPOINTMENTS OF OFFICERS.

Vacancies in the offices of the American Congress on Tuberculosis occur by death, by resignations, by declination and by failure to qualify, of the officers elected in 1902, some of whom neglected to qualify, and who were re-elected at the annual meeting of June, 1903. If an officer thus elected in June, 1903, neglects or refuses to qualify, the vacancy, when declared by the Council, can be filled.

The power of filling vacancies is vested in the council, and the power has been conferred on the Board of Executive Officers, composed of the chairman of the Executive Committee, the President, the Secretary and the Chairman of the Council.

Dr. F. E. Daniel, of Austin, Texas, was promptly elected First Vice-President, when the gentleman elected, declined.

Dr. E. P. Lachapelle, of Montreal, was one of the Vice-Presidents at large in 1901, but did not qualify in 1902, or in 1903, and his office was declared vacant, and Dr. W. F. Morrow, Secretary of the State Board of Health of the State of Missouri, was duly elected to fill that vacancy in place of Dr. E. P. Lachapelle.

Dr. Frank P. Norbury, who was re-elected one of the Vice-Presidents at large, declining to qualify, the Board declared the office vacant, and Dr. John H. Simon, Health Commissioner of the City of St. Louis, has been offered and has accepted that office of Vice-President at large in Dr. Norbury's place.

Dr. U. O. B. Wingate was elected Vice-President of the Congress at large in 1901 and served. He was re-elected to the same office in 1902, but did not qualify nor enroll in the Congress of 1902. He was re-elected in June, 1903, but did not qualify on notice, and the office was declared vacant,

and His Worship Hon. Adam Beck, Mayor of London, Ontario, has been elected to fill that vacancy.

Dr. Henry B. Baker, of Ann Arbor, Michigan, was a very active and influential member of the Congress of 1901, and was made a Vice-President at large and served on the Executive Committee and did splendid work. ,

He was re-elected in 1902 but did not qualify, and substantially withdrew from the labor, although one of the most energetic secretaries of a State Board of Health in the American Union, and he did not qualify in 1902, nor enroll. He was re-elected in June, 1903, but not qualifying his seat was declared vacant, and the vacancy was filled by the appointment of His Worship Hon. John Arbuthnot, of Manitoba, Mayor of Winnipeg, who takes an active interest in the work of this Congress.

There are four or five others of the Vice-Presidents re-elected, out of over 100, without opportunity for conference, who may not qualify, and whose seats might, in such an event, be declared vacant, but there is a large waiting list of new, active and enthusiastic men ready, eager and willing to serve, and to fill such vacancies if they occur.

Steps have already been taken to complete the Vice-Presidents from each State of the American Union, Province of the Dominion of Canada, New Foundland and from every foreign country represented, and from the States, Provinces and Colonies of such Governments. Three, or more, Vice-Presidents from each State, Province or country, one of whom at least should be a lawyer or laymen, and the Vice-Presidents of States, provinces and countries are requested to submit suitable names to the management for these positions.

The fact that the Medico-Legal Journal only appears quarterly, and that a large number of announcements of newly elected members, officers and delegates will be named before the September, 1903, issue of this journal, it is announced that announcements will be issued from time to time, through the public press, and sent to the members in advance of the issue of the December number of this journal.

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THE INTERNATIONAL CONGRESS ON TUBERCULOSIS AT THE WORLD'S FAIR IN ST. LOUIS EXPOSITION OF 1904.

The managers of the American Congress on Tuberculosis have been asked by the management of the Universal Exposition, St. Louis, 1904, to consider the wisdom and propriety of organizing an International Congress on Tuberculosis to be held at the World's Fair in St. Louis on October 3, 4 and 5, 1904, to be held under its auspices under the appointment and authorization of the board of managers of the Universal Exposition at St. Louis in 1904.

Correspondence ensued which was conducted with the knowledge and approval of the government of the United States.

On September 4, 1903, St. Louis Exposition Board sent to the chairman of the board of officers of the American Congress on Tuberculosis, a letter of which the following is a copy :

St. Louis, U. S. A., Sept. 4, 1903.

Clark Bell, LL. D., 39 Broadway, New York City.

Dear Sir :—You are hereby appointed a member of the Committee of Organization of the International Congress on Tuberculosis, to be held in St. Louis, October 3, 4 and 5, 1904, under the auspices of the Universal Exposition, 1904. We have also nominated you as Chairman of this Committee, and I have informed the other appointees that their meetings are subject to your call. Permit us to express our great satisfaction at the interest which this Congress is attracting, and to express our assurance that, under the guidance of yourself and colleagues, it will be one of the most notable of the international gatherings to be held at the Exposition next year.

Yours very respectfully,

HOWARD M. ROGERS.

The names of the other members of the committee on organization accompanied this letter.

The chairman of the committee advised the gentlemen named of their appointment by the managers of the St.

Louis Fair upon the committee on organization, and asked them to signify whether they would accept.

Delay ensued, and further correspondence became necessary, and the committee on the St. Louis Universal Exposition, 1904, considered it wise to further investigate the subject and to listen to the proposals of other organization and individuals, but finally notified the chairman of the committee on organization that the committee had decided to entrust the organization of an international congress on tuberculosis to a committee on organization, of which the chairman of the board of executive officers of the American Congress on Tuberculosis had been made chairman.

On October 12, 1903, the chairman of the board of officers received a letter from which we make the following extracts:

St. Louis, U. S. A., October 9, 1903.

Mr. Clark Bell, Dundee, N. Y.

Dear Sir:—Your favors of October 5th and 7th duly received. The nominations are being mailed to-day.

We have nothing to notify you concerning the plan and scope of the Congress. That lies entirely with the Committee of Organization which we appointed. We have no desire to modify or restrict your plans in any wise, and you are at liberty to go ahead with such plans for the promotion of the same as you deem wise.

Very respectfully yours.

HOWARD J. ROGERS,

Howard J. Rogers, the Director of Congresses of the Universal Exposition of 1904, at St. Louis, is the executive officer of that committee, and it is due to his energy and enterprise that the managers of the St. Louis Exposition of 1904 have decided that it would be wiser to broaden the scope of the work and to lend a still greater influence to the great congress of 1904, which is to be held at St. Louis.

The issue of the September number of this Journal was delayed to await the final action of the managers of the St. Louis Fair managers.

We stop the press to make this announcement, as we do not go to press again until December, 1903.

The committee on organization of the International Congress on Tuberculosis for 1904, at St. Louis, as named by

the Universal Exposition, St. Louis, 1904, is composed as follows:

Clark Bell, LL. D., Chairman, 39 Broadway, New York, President Medico-Legal Society of New York.

A. N. Bell, M. D., Editor Sanitarian, Honorary President of the Congress, Brooklyn, N. Y.

E. J. Barrick, M. D., President of the American Congress on Tuberculosis, Toronto, Ont.

J. Mount Bleyer, M. D., New York City, Vice-President of the Congress.
Samuel Bell Thomas, Esq., Secretary of the Congress, 116 Nassau Street, New York.

Ex-Judge Hon. Abram H. Dailey, Honorary President of the Congress, Brooklyn, N. Y.

Dr. F. E. Daniel, Austin, Texas, First Vice-President of the Congress, Editor Texas Medical Journal.

W. F. Drewry, M. D., Pittsburg, Va. Member of the Council.

Hon. Moritz Ellinger, Corresponding Secretary of the Medico-Legal Society and Chairman of the Governing Council, New York.

A. P. Grinnell, M. D., Burlington, Vt., First Vice-President Medico-Legal Society.

Prof. Dr. C. H. Hughes, Honorary President of the Congress, St. Louis, Mo.

M. K. Kassabian, M. D., Philadelphia, Pa. Member of the Council.

H. Edwin Lewis, M. D., Burlington, Vt., Editor Vermont Medical Monthly. Member of Council.

Dr. W. F. Morrow, Secretary State Board of Health of the State of Missouri, Kansas City, Mo.

Richard J. Nunn, M. D., Savannah, Ga., Member of Council.

Dr. W. B. Outten, Chief Surgeon, M. P. System, St. Louis, Mo.

Dr. John H. Simon, Health Officer to St. Louis, Mo. Vice-President of the Congress.

J. W. P. Smithwick, M. D., La Grange, N. C. Member of the Council.

G. R. Tabor, State Health Officer, Austin, Texas.

The action as it is explained by Mr. Howard J. Rogers, and as understood by him, is to enable the committee on organization thus named, to complete and arrange for the holding of an international congress on tuberculosis to be held October 3, 4 and 5, 1904, at St. Louis, under the auspices of The American Congress on Tuberculosis and in conjunction with that body on such terms and basis as should be fixed by the committee on organization.

The chairman of the committee will call this committee shortly and its action will be announced later.

The highest honor that could be conferred on the management of the American Congress on Tuberculosis is in the splendid language employed by the American Secretary of State in his instructions to the American Diplomatic Corps, expressing the sympathy of and for the aims and objects of the Congress to our ambassadors and ministers abroad.

Next to that is this very complimentary honor conferred by the management of the World's Fair on the American Congress of Tuberculosis by placing its officers and leading men upon the committee on organization, and naming as its chairman, the chairman of the board of executive officers.

If the action of the World's Fair committee can aid the movement so superbly endowed by the American Government, it should meet the hearty approval of all our members.

DELEGATES TO THE AMERICAN CONGRESS ON TUBERCULOSIS AT ST. LOUIS IN 1904.

We regard it as a good omen that the interest in the forthcoming Congress of 1904, at the St. Louis Exposition, is already setting strongly for a great meeting in the fall of 1904.

The State of Georgia is first in the field. Dr. Henry McHatton, President of the State Medical Association, as we are advised by Dr. Louis H. Jones, the Secretary, has already responded to our invitation, and the following is the official list of the delegates for the session in October, 1904:

MEDICAL ASSOCIATION OF GEORGIA.

August 10th, 1903.

Mr. Clark Bell, Esq., New York City.

Dear Sir:—I send you names of delegates to American Congress on Tuberculosis. Dr. McHatton is on his vacation in the mountains and has sent me your letter.

Very truly yours,

LOUIS H. JONES.

Dr. R. J. Nunn, Savannah, Ga.; Dr. Charles Hicks, Dublin, Ga.; Dr. T. M. McIntosh, Thomasville, Ga.; Dr. H. McHatton, Macon, Ga.; Dr. W. W. Bacon, Albany, Ga.; Dr. A. K. Bell, Madison, Ga.; Dr. B. W. Bizzell, Atlanta, Ga.; Dr. J. A. Liddell, Cedartown, Ga.; Dr. H. B. McMaster, Waynesboro, Ga.; Dr. C. D. McRae, Rochelle, Ga.; Dr. T. E. Oertel, Augusta, Ga.; Dr. W. Z. Holliday, Augusta, Ga.; Dr. W. L. Bullard, Columbus, Ga.; Dr. R. P. Cox, Rome, Ga.; Dr. T. E. Drewery, Griffin, Ga.; Dr. I. H. Goss, Athens, Ga.; Dr. J. A. Guinn, Conyers, Ga.; Dr. G. M. Niles, Marshallville, Ga.; Dr. M. L. Perry, Milledgeville, Ga.; Dr. R. H. Taylor, Griffin, Ga.; Dr. M. M. Saliba, Savannah, Ga.

COMMITTEE ON ORGANIZATION OF INTERNATIONAL CONGRESS ON TUBERCULOSIS.

The chairman of the committee on organization appointed by the management of the Universal Exposition, St. Louis, 1904, announces that he has just received as we go to press, the following letter from Howard J. Rogers, Esq., the Director of Congresses of the St. Louis World's Fair Exposition, and that that committee will be called to meet in November.

St. Louis, October 19, 1903.

Mr. Clark Bell, 39 Broadway, New York City.

Dear Sir:—In reply to your letter of October 9th, answer to which has been delayed owing to my absence, I beg to state that the President of the Exposition Company has approved the list of nominations recommended by you, and the matter is now in shape for your promotion. We shall be ready to assist you in every way possible.

Very truly yours,

HOWARD J. ROGERS.

This committee will meet in the city of New York, as the most convenient place for a majority of its members, and that members unable to attend will be entitled to name a proxy to vote for them.

The committee on organization is composed as follows:

Clark Bell, LL. D., Chairman, 39 Broadway, N. Y. ; President Medico-Legal Society of New York.

H. J. Barrick, M. D., Toronto, Ontario ; President of the American Congress on Tuberculosis.

A. N. Bell, M. D., N. Y., Editor Sanitarian ; Honorary President of the Congress.

J. Mount Bleyer, M. D., New York ; Vice President of the Congress.

Hon. Ex-Judge Abram H. Dailey, Brooklyn, N. Y. ; Honorary President of the Congress

Dr. F. E. Daniel, Austin, Texas ; First Vice President of the Congress ; Editor of the Texas Medical Journal.

Thomas Darlington, M. D., Kingsbridge, New York ; Ex-Treasurer Medico-Legal Society.

